

**Co-constructing the Emergence of Hope:
Using Solution-Focused Therapy
with Adolescents**

*Research project submitted in partial fulfilment of the requirements
for the degree of Master of Counselling, School of Health Sciences*

University of Canterbury

April 2020

By Alice-Louise Mann (Barker)

Acknowledgements

As I sit on a warm summer's afternoon, I ponder over the journey it has been to get to the end of my Master of Counselling. I decided to write my acknowledgments early as opposed to leaving them as the last thing to write in this large piece of work and what seems like a large piece of life! I think it's important to be able to take a breath and reflect on the beautiful moments, the stressful moments, the moments of self-doubt, courage and growth that I will forever cherish in this past time. From sitting in a tent at the top of the South Island many years ago and having this thought come out of nowhere ... "What if I'm meant to retrain in counselling?", tackling a few more seasons of life and, finally, taking the plunge to apply for the programme, I never truly thought the day would come where I would actually be a qualified counsellor. Below are some specific people I would like to thank, who have helped me immensely in my journey.

Firstly, thank you to the students who offered to take part in this research. I feel honoured to have played a small part in your evolving stories! You have provided all the insight for the research below, so thank you!

There is no way I could have ever achieved what I have without the support of these few key people. To N – words cannot describe how grateful I am for your constant patience, your encouragement and your willingness to believe in a dream of mine alongside me. To my family – thank you for the meals, the phone calls and the prayers. I am blessed. To the team at my placement (you know who you are!) – for constantly inspiring me and helping inform the type of counsellor I want to be, having faith in my abilities and encouraging me when I couldn't encourage myself. To Amanda – the best study companion, running buddy and friend, who understood exactly what was going on (and when to bring the chocolate!)

To Dr Shanee Barraclough and Dr Chris North – for the hours of support, editing and emails back and forth. Lastly, thank you to my cohort. What a team, and what a journey.

I hope as you read the research below, you are inspired, encouraged and, most of all ... hopeful.

“Hope resides in the future, so that is where my focus shall be” – adapted from Elliot Speaks

Abstract

Solution-Focused Brief Therapy (SFBT) is a postmodern, non-pathologizing approach to counselling, which focuses on client strengths. With the assumption that *all* people have tools they can use to work towards their own “preferred future”, SFBT therapists take a non-expert stance, presuming clients have more understanding of their own contexts than therapists ever will. Helping clients to uncover their abilities, develop hope in a desired future and co-construct ways to move towards their hopes is at the core of this model of counselling.

This qualitative, practice-based study is based on the use of SFBT with adolescents and investigates the emergence of hope throughout the counselling process. As will be discussed, hope has been shown to be influenced by one’s ability to see a path moving forward. At the core of SFBT is the desire to help clients construct their desired future for themselves. This desire has led to my interest in further investigating implicit and explicit links between hope and the SFBT model.

The study had two participants, who each had three counselling sessions with me. I was in a dual role, both as their counsellor and as a researcher. Through the process of thematic data analysis, I focused on the emergence of hope through two conditions: 1) the personal significance of hope and 2) the solution-focused process of hope. Four emerging themes, discussed *through* these two conditions, include: the personal meaning of hope, the influences on client-participant agency, co-constructing a “preferred future” and co-constructing ownership and increased agency. This research contributes to the current research on hope in young people, especially in conjunction with SFBT.

Table of Contents

Acknowledgements	2
Abstract	4
CHAPTER 1: Introduction.....	9
Context of the Study.....	9
Rationale for the Research	10
Organisation of the Research.....	10
CHAPTER 2: Literature Review	13
Literature Review Introduction	13
Solution-Focused Brief Therapy	14
The historical context	14
Solution-focused counselling and social constructionism	17
Underlying principles of SFBT	19
What is Hope?.....	22
Cognitive-based hope & Snyder’s hope theory	23
Emotion based hope – The research	24
SFBT and hopefulness	25
Adolescent “Stage of Life”	26
The importance of connection in adolescence	27
SFBT, hope and adolescents	28
School Counselling in New Zealand	30
Rising mental health crisis within local schools	31
CHAPTER 3: Methodology and Methods.....	35

Methods and Methodology Introduction	35
My Theoretical Perspective	35
Methodology	37
Methodology selection	37
Qualitative research.....	37
Practice-based research.....	38
Method and Research Design	39
Client-participant setting	39
Data collection	39
Representativeness and reliability of qualitative research.....	42
Ethical considerations	43
Reflexivity.....	44
Data Analysis	45
Background of thematic analysis	45
Transcription process.....	49
Coding	49
Themes.....	50
CHAPTER 4: Findings.....	53
Findings Introduction	53
Client 1: Alicia	53
Client 2: Hannah.....	53
First Condition: Personal Significance of Hope.....	55
Theme: Personal meanings of hope	55
Counsellor-researcher reflections on “personal meanings of hope”	62
Theme: Influences on client-participant agency towards hope.....	62
Counsellor-researcher reflections on client-participant’s agency towards hope.....	69

Second condition: Solution-focused Process Towards Hope	70
Theme: Co-constructing a preferred future of hope	71
Subtheme: Having a future focus in therapy	71
Counsellor-researcher reflections on co-constructing a preferred future	74
Theme: Co-constructing ownership and increased agency in working towards hope	74
Counsellor-researcher reflections on co-constructing ownership and increased agency in working towards hope:	82
Summary of Findings	83
CHAPTER 5 – Discussion	85
Discussion Introduction	85
SFBT: The model of hope	85
Introduction	85
Hopeful assumptions in SFBT	87
Therapeutic alliance in therapy	88
The importance of co-construction	91
Hope is a personal preferred future	92
Instances of success	93
Reflection and between-session goal setting	94
Discussion Summary	96
Strengths and Limitations of the Study	97
Implications of the Study	100
Possibilities for the Research Moving Forward	101
Conclusion	102
References	105
Appendices	116

Appendix A: HOD/HOF consent	116
Appendix B: Deputy Principal consent.....	119
Appendix C: Advertising poster.....	122
Appendix D: Client 1 & 2: Information sheets/Consent forms for participants and caregivers .	123
Appendix E: Ethics Approval	131
Appendix F: Initial codes.....	132
Appendix G: Searching for themes	136
Appendix H: Reviewing themes	139
Appendix I: Timestamped quotations	141

CHAPTER 1: Introduction

Context of the Study

I am currently in the final stages of the Master of Counselling programme at the University of Canterbury. Prior to post-graduate study, I worked 4 years in a children's ministry role at a large Baptist church, with both children and adolescents. I would frequently see young people striving ... striving for "wholeness", happiness, peace – the list goes on. The hope that things could change or become better was something palpable to me as their mentor, and this period of my life was instrumental in growing my interest in adolescents' self-development and in hope, particularly. When I entered the counselling master's programme, I was introduced to the Solution-Focused Brief Therapy (SFBT) model of counselling. I was amazed at what seemed to be an inherently "hopeful" model. My research question (which will be discussed in the next section) derived from wanting to explore adolescents' meanings of hope and the part that SFBT might play in the emergence of this hope.

SFBT focuses on the client-participants' preferred future and aims to help clients find solutions to challenges they are facing in their lives by working towards this preferred future. I became interested in what adolescents had hope *in* and hoped *for* and how counselling could be a part of eliciting hope. Previous literature provides consistent support for the use and impact of hope in counselling in general, stating that hope has proven to play an integral part in the effectiveness of therapy over a wide range of therapeutic approaches (Larsen, Edey, & Lemay, 2007). Optimism and wellbeing have been shown to have a direct correlation with hope, or the concept of hopefulness (Gallagher & Lopez,

2009), with Snyder, Rand and Sigmon (2005) expressing a clear link between positive mental health and hope.

The aim of this study is to investigate participants' meanings of hope and the evolution of hope throughout a series of SFBT sessions. Transcripts and video recordings were vital to post-session reflections and determining the impact that SFBT might have had on the client-participants' experiences of hope. As the students who took part in this research were both clients and participants, they will be referred to as client-participants throughout the study.

Rationale for the Research

I have personally experienced and observed the need for encouraging and nurturing relationships in one's life, especially during my teenage years. Many years later, as an adult, I am intrigued by the elusive nature of hope, whilst also seeing what I perceived as noticeable change when hope was present for adolescents. This hope I saw in young people seemed to increase when adults showed an interest in *their* understandings of the world rather than focusing on the problem (even when their intention was to make it "right"). SFBT helps bring clients to a point of future focus, rather than a focus on the problem in front of them (Snyder, 1995). Because of my own experiences (both personal and professional), hope is a topic that I find intriguing and am interested in exploring through its manifestation in SFBT.

Organisation of the Research

The objective of this research is to study client-participants' understandings of hope and its emergence through a series of SFBT sessions. In chapter two, I review and discuss

relevant literature that underpins and informs my research. To begin with, I explore the therapeutic model that sets the context of this study – Solution-Focused Brief Therapy (SFBT). Through discussion of previous literature, I explore the origin, characteristics and social constructionist underpinnings that inform the modality and its connections to hope. I begin to explore understandings of hope explained in the research literature through cognitive and emotion-based lenses, whilst considering the links (both explicit and implicit) with SFBT. I then discuss adolescence as a “stage of life”, looking at developmental changes and challenges, the usefulness of SFBT with this demographic and SFBT’s links to hopefulness. Lastly, I look at previous literature’s research on high schools and school counselling, where adolescents spend a large amount of their time – and where SFBT is frequently used.

This literature review aims to identify gaps in the current research by acknowledging what has already been extensively researched (such as Snyder’s hope theory) and identifying areas of study that I am particularly interested in exploring within the topic of hope. Current areas that aren’t heavily researched (such as one’s personal connections to hope) have influenced the rationale for this study and helped form the basis of my research questions, discussed in detail at the end of the literature review.

In chapter three, I begin by outlining my theoretical perspectives, how I think and see the world, which in turn, partly informs my methodological choices. I discuss the qualitative, practice-based nature of this research and discuss reflexivity’s importance to this study. I outline the ethical considerations, rigor and trustworthiness I considered when undertaking this study. Thematic analysis shaped my study design, so I explain this methodology/method and how it is used in this study. I explain the way I approached this research, by outlining my methods and research design, with details of client-participants

and data collection. I also unpack the study's data analysis process, explaining my coding and thematic process.

In chapter four, I present my findings from my study on the evolution of hope in young people through the SFBT process. Using thematic analysis, I present four themes. Themes one and two are presented under the condition "personal significance of hope"; themes three and four are presented under the second condition, "solution-focused process of hope". They are as follows:

- 1) Personal meanings of hope
- 2) Influences on client-participant agency
- 3) Co-constructing a preferred future
- 4) Co-constructing ownership and increasing agency

Chapter five is the discussion section, where I discuss findings in relation to relevant literature. I determine the strengths and limitations of my research and outline both implications and possibilities for future research. To end this chapter, I suggest the relevance this study may have for counsellors to draw on when thinking about the integration of hope and SFBT.

The appendices include the poster, information sheets and consent forms for all relevant parties of the study. I have added handwritten notes and examples of the coding process also.

CHAPTER 2: Literature Review

Literature Review Introduction

The literature that is reviewed in the following chapter is an overview of available research that currently encompasses key aspects related to my research. This section will be set out in the following way:

1. *Solution-Focused Brief Therapy:*

SFBT is central to this study of hope in young people. I start by giving a historical overview of the context and underpinnings of this therapeutic model. Next, I explain the concept of social constructionism and how it encompasses and shapes the very essence of SFBT. Lastly, I explore specific assumptions and techniques that are used to practically apply the model.

2. *What is hope?*

I begin by discussing various understandings of hope and exploring hope as a cognitive process, through the eyes of Snyder's (2000) hope theory. I then review broader descriptions of hope by investigating hope as an emotion and how the two distinct ways of looking at hope (above) intertwine. Lastly, I focus on the connection between hope and the SFBT model.

3. *The importance of connection in adolescence:*

This section begins with a description of adolescence as a stage of life and what happens developmentally for teenagers. I move on to talk about how important positive connections with others are for adolescents. Lastly, I discuss research links between SFBT and hopefulness for adolescents.

4. *SFBT, hope and the rising mental health crisis in school counselling*

This section links together the three main components of the study, helping to shape the research questions that will be discussed. To begin, I take readers through a journey of the historical context of school counselling in New Zealand. I then describe the rising mental health crisis in Christchurch, where this study was undertaken. To end, I discuss developments initiated by the New Zealand government to assist with the ongoing demand for mental health support and look at how SFBT can help address this need when counsellors utilize its underpinnings and therapeutic style.

Solution-Focused Brief Therapy

The historical context

SFBT emerged from the Brief Family Therapy Centre in Milwaukee, Wisconsin (USA) (Wheeler, 2001). Emerging in 1978, it is said that there isn't one specific creator of solution-focused therapy (Jones-Smith, 2016); rather, Insoo Kim Berg and Steve de Shazer were instrumental in the insight and knowledge used to develop the model (Wheeler, 2001).

Before the development of the SFBT approach, psychotherapy was typically a psychological task, embedded with pathologizing clients. It focused on both the problems clients had and how to fix them (Visser, 2013). "Mentalistic" vocabulary was frequently used in the traditional way of looking at therapy, where hidden and deep "internal mechanisms" (McKergow & Korman, 2009) had to be adjusted or found for change to occur. At this time in history, many therapists were experiencing a dissatisfaction with traditional ways of doing therapy, and SFBT evolved in response to this unhappiness (Jones-Smith, 2016).

During the early development of SFBT, Berg and de Shazer were inspired by Weakland, Fisch, Watzlawick and Bodin's (1974) idea of Brief Family Therapy, which was enacted at the Mental Research Institute (MRI) in Palo Alto, California (Visser, 2013). Brief Family Therapy was a pragmatic and goal-orientated approach to counselling (Visser, 2013), encompassing shorter versions of what was traditionally more conventional forms of therapy (Weakland et al., 1974).

The SFBT founders were seeking to learn about what was already working for clients in therapy (Visser, 2013). Part of the appeal of Weakland et al.'s (1974) model was that it worked from the premise of focusing on what clients were wanting and needing. It was flexible in its approach, allowing therapy to take place over a shorter period of time than traditionally expected – it was a method aimed at meeting clients' needs and limitations. Because it was goal focused, Brief Family Therapy was about clients developing new behaviours to eliminate their current problems (Visser, 2013). It used strengths to get there but, nevertheless, had a "problem" focus. Berg and de Shazer, however, believed it was possible to work towards a "process of problem resolution [that didn't have] to be tailored to the problem in question" (Wheeler, 2001 p. 294). Although the idea of "brief therapy" is fundamentally part of the essence of SFBT, Berg and de Shazer began to move away from this "problem-focused" approach.

As it moved in a new therapeutic direction, SFBT revolutionized the therapy context, and the three founders of the BRIEF Therapy Clinic in London decided to teach themselves the SFBT model in the mid to late 1980s. Their decision was based on the research they were reading about the strengths and solution-finding approach being practised by Berg and de Shazer at the Brief Family Therapy Centre in Milwaukee (Shennan & Iveson, 2012). One of the main ways they practiced the SFBT model was by focusing on exceptions to the rule,

or times when the problem isn't happening, rather than the problems themselves (Shennan & Iveson, 2012). Another aim when teaching themselves the SFBT model of counselling was for clients to be able to build up their own "tool-box" of skills they already have, utilizing their strengths in therapy to empower them for a fulfilling life moving forward (de Shazer et al., 1986).

The way in which SFBT is conducted is similar to a strengths-based approach to counselling (Blundo, Bolton, & Hall, 2014), and it is based around a "helping relationship" (Blundo et al., 2014). The "solutions" that are discussed in SFBT are not predetermined (Reiter, 2010) but are co-constructed with the therapist to highlight the personalized strengths and abilities that will be most helpful to the client as they attempt to move forward.

One of the biggest influences on modern-day SFBT is attributed to Milton Erickson (1954). Although Erickson focused on hypnotherapy as a model of practice, there were fundamental elements of Erickson's thinking that inspired SFBT (de Shazer et al., 1986). Erickson did not use labels or believe in pathologizing his clients, as he had an innate understanding that clients could solve their own problems (Visser, 2013). Focusing on the future and what clients wanted to happen was a technique that Erickson used to help clients visualize change and focus on incidents of success. Erickson believed that allowing clients to reflect on the progress they had made, by reviewing their initial problem/complaint and gaining a sense of achievement from their progress, would build clients' confidence over time.

Another element of Erickson's (1954) work that de Shazer was fond of was letting the clients be the expert, with the counsellor taking a naïve approach to what might be useful for them (de Shazer et al., 1986). Forming a connection through helping the client

feel understood was fundamental to the therapeutic alliance and, in turn, the likelihood that clients would be willing to work with the counsellor towards co-constructed possible “solutions” (de Shazer et al., 1986).

Erickson’s therapeutic work inspired the birth of the Mental Research Institute in Palo Alto, California, in 1958 (Visser, 2013), where Berg did her training and met de Shazer. Both were encouraged by what they learnt at the Mental Research Institute. They moved to Milwaukee and opened the Brief Family Centre in 1978 (Visser, 2013).

From the middle of the 1980s, SFBT was adapted and recognized as a multi-faceted concept. It was developed around the world and began to be used in other areas of work, outside the therapeutic context (Visser, 2013).

Within the therapeutic context, the specific techniques used in SFBT have been developed. More recently, “exceptions to the problem” have tended to morph towards “instances of success”. Now, therapists tend to start by defining a preferred future with clients and aim to define times when clients’ preferred future is already happening, i.e., times when clients have been successful (McKergow, 2016). Focussing on these successes is a more optimistic and future-focused approach, characterized by the absence of focus on a client’s “problem”, instead focussing on the direct connection to their best hopes, or preferred future (to be discussed below).

Solution-focused counselling and social constructionism

SFBT is a postmodern therapy, underpinned by a social constructionist philosophy. It has a focus on client’s assumed competency (Daki & Savage, 2010), focusing on what it is that clients want and need and concentrating on clients taking small steps in a positive direction to tackle what can sometimes be seen as complex problems.

Social constructionism comes under the umbrella of a post-modern approach to the world (Neimeyer, 1998). Postmodernism is a philosophical term that evolved from modernism, which focused on humans' realities just waiting to be found (Hansen, 2006). Postmodernism developed during the 20th century as it was discovered and recognized that people construct their own meanings and are active participants in the world around them – not passive receivers of information (Anderson, 1990, as cited in Hansen, 2006).

Being a postmodern concept, social constructionism upholds that humans' ways of understanding the world come from what we have learnt or taken on from other people (Burr, 1995); understanding is subjective and based on a person's historical and cultural context (Jones-Smith, 2016). Basically, social constructionism aims to understand how people relate to one another through the power of language and communication, and how this informs one's existence (Holyoake & Golding, 2010).

Social constructionism in therapy

This understanding of social constructionism, the awareness of how as humans we organize our lives and how we communicate with people, contribute to a shift in therapeutic focus. The traditional psychological therapies, such as psychoanalysis, are based around personality change and the biological forces, or instinctive urges, we have as humans (Jones-Smith, 2016). A social constructionist therapist takes an idiographic approach to therapy, where the focus is on the relevance of meaning making for the client (Haynes, Mumma, & Pinson, 2009). Robinson (2011) explains that to be idiographic in nature means having “an objective – the objective to describe or explain an individual thing” (Robinson, 2011, p. 35) rather than globalize or generalize an idea.

To social constructionists, language is vitally important in the understanding, and creation, of meaning. Unlike traditional psychology, where language is used as a vehicle for thoughts and emotions, social-constructionist therapists believe that language is a “form of action” (Burr, 1995, p. 7). In some research, it is thought that as humans we construct our own “versions of reality” (Burr, 1995, p. 6) through the language we use in conversing with each other. For social-constructionist therapists, there is an understanding that the action of language forms the basis of the environment around us, connects us to others and builds our understanding of knowledge, therefore, constructing us (Holyoake & Golding, 2010). This idea that language constructs human reality opposes the views of modernism, which (as discussed above) preceded the concept of post-modernism (Holyoake & Golding, 2010).

Underlying principles of SFBT

Being a socially constructed therapeutic model, SFBT takes a collaborative, language-focused approach to counselling (Anderson, 2005, as cited in Heatherington & Johnson, 2019). There are several interdependent elements to this therapy that are formed from its philosophical positioning (Anderson, 2005), such as the client being the expert in their own lives, their hopes from counselling being explored, the invitation for both the therapist and client to be active in the counselling process and, finally, the therapist promoting optimism and faith that things are able to get better for the client (Holyoake & Golding, 2010). Because SFBT is an “evidence-based treatment approach” (Lutz, 2017, p. 24) that looks for instances of success from the past, it focuses on the well-being and self-agency of clients. It is also known to take a non-pathological approach to therapy, meaning that the main focus is where the client would like to end up rather than where they might have been (Burwell & Chen, 2006).

Hanton (2011) explains that part of the process of SFBT is the counsellor coming from a place of the unknown. It is the job of the therapist to be curious and listen attentively to what the client is expressing. In addition, seeing people as more than just their problems helps clients form an identity that is not based on the past but on their future. De Shazer et al. (1986) explain that all that SFBT counsellors need to know is how the client believes they will know when their problem is “less” or “solved”. SFBT counsellors trust this will be enough to begin the process of clients building agency and working towards whatever it is they want to achieve.

A principle tenet of SFBT is that clients already possess the skills and resources they need to make positive changes. Even though clients may come with difficulties, it is the therapist’s job to build on and help elicit the change the clients are wanting to see (Lethem, 2002). As SFBT counselling is seen as a short-term approach to therapy, it implies to clients that they are not irreversibly damaged and helps to instil hope that things can get better (S. Riley, 1999).

According to Hanton (2011), as a solution-focused therapist, there are core beliefs to be adhered to, which include:

- 1) maintaining a future focus
- 2) gently directing people to consider solutions rather than their problems
- 3) amplifying positive change to assist in exploring solutions with clients based on their own skills, experiences, strengths and resources
- 4) Believing that we, as therapists, are not the expert on a client’s life; the client is.

Key techniques of SFBT

A key skill for a SFBT counsellor is to be able to elicit a preferred future from their clients. According to Hanton (2011), it is important to encourage and help the client visualize what will be happening when they take steps towards or reach this future that they hope for themselves.

To help aid the visualisation of this future, SFBT counsellors may seek exceptions, times when the problem is less intense (or possibly not happening at all). Exceptions are said to be at the centre of SFBT counselling (Burwell & Chen, 2006) and link with having a future focus, underlined by a belief that one's problem is not occurring 100% of the time. The point of eliciting an exception is to encourage client-participants to think about times when the problem is either not happening or is less severe and to help them gain understanding of their strengths in those less intense moments (Burwell & Chen, 2006). This approach is intended to help clients use these strengths and discover alternative pathways to moving forward in times of need. Using compliments to illuminate client-participants' strengths and draw on current resources they have, not only helps to build therapeutic rapport but encourages the solution-finding process (Lethem, 2002).

Scaling is often used in SFBT to gauge how the client is currently experiencing a situation or where they would like to be in the future. This technique requires the client to answer questions using a 10-point scale that has been defined in collaboration between the therapist and client-participant. This can help clients to formalize their perception of the situation and become more future focused (Hanton, 2011).

SFBT moving forward

In recent times, there has been an emphasis on providing more clarity and simplifying the logistics of SFBT. McKergow describes the original mechanisms as “classic SFBT 1.0” (p. 3), stating that it was common practice to have a small break in sessions to provide the client with space to reflect on what has been discussed and for the counsellor to seek advice on the “progress” of the session with other counsellors (McKergow, 2016, as cited in Phipps, 2019). Dropping the break (Shennan & Iveson, 2012) and less emphasis on “tasks” at the end of sessions are now key elements of the emerging modern-day SFBT. As a way to successfully end each session, “appreciative summarizing” (McKergow, 2016, p. 3) of what has been uncovered by the client can be undertaken by the counsellor.

In summary, based on the literature, SFBT is a relatively new model of practice. It continues to evolve and develop as practitioners use and adapt it in counselling. Key beliefs of SFBT influence the techniques used (Hanton, 2011), and in the sections that follow I will discuss SFBT further in relation to hope and working with adolescents.

What is Hope?

It is generally agreed that to define hope is challenging, with many researchers “suggesting that it is too vague to measure” (Snyder, 1995, p. 356). There are differing opinions amongst scholars, with some believing hope manifests as an “intention and direction for our actions” (Blundo et al., 2014, p. 52), whilst others see it as a feeling that will create pain and hurt, due to unattainable, unmet expectations. Research by Blundo, Bolton and Hall (2014) describes hope as having a similar likeness to faith, that it is not something that is typically easy to understand and is very personal to the individual who is experiencing it. Research states that rather than thinking of hope as an end point, it is worth

contemplating it as a journey that continuously grows with us through life (Larsen, Edey, & LeMay, 2005).

When attempting to conceptualize hope, it is helpful to draw on Lopez, Snyder and Pedrotti's (2003) research, which states that there are multiple ways to categorize and define hope. While hope does not seem to be discussed as having a precise definition (Blundo et al., 2014), according to Blundo et al.'s (2014) research, most understandings can be described as either emotion-based or cognitive-based hope, and all share the generalized understanding that hope plays a significant role in change (Blundo et al., 2014).

In academia, hope is explored in a variety of settings, including psychology, counselling and medicine, with research emphasizing the impact hope has on change (Blundo et al., 2014). Next, I focus on hope as a concept and its connections to SFBT.

Cognitive-based hope & Snyder's hope theory

Bennett, Wood, Butterfield, Kraemer and Goldhagen (2014) describe hope as being based on one's understanding of the direction for their future. The legitimacy of hope as a concept has been explored in research by Snyder, Irving and Anderson (1991), who describe hope through a unidimensional, goal-focused lens (Larsen et al., 2007). Their research considers hope an interactive process between efficacy and outcome. They stated that hope is defined by two key elements 1) agency within a person, where one has ability to direct their energy towards goals, and 2) the creation of a plan to meet these goals (Snyder, Irving, & Anderson, 1991). When someone can independently make their own decisions, set reasonable, achievable goals and has the ability to make plans to work towards these goals, Snyder, Irving and Anderson(1991) believe the complementary components of cognitive hope arise.

Having successful agency is based on a personal connection to a goal and a belief in its importance or value that ignites the hope to move forward (Lopez et al., 2003). When the perceived probability of these goals is seen as achievable (no matter how small), the expectations of change and the desire to make these changes start to ignite, creating a hope (or hopefulness) moving forward (Lopez et al., 2003).

Emotion based hope – The research

Lopez et al. (2003) suggest that hope driven by emotion, however, is where belief can be sustained in seemingly helpless situations, through a particular feeling. It isn't something that is stagnant, but rather, is active. "Hope is something that can be developed and harnessed" (Reiter, 2010, p. 134). Farran, Herth and Popovich (1995) explain that "hope manifests within an individual, between individuals and among individuals in a community or society" (as cited in Reiter, 2010, p. 134). Lopez et al. (2003) state that the environment that surrounds a person can affect either the increase, decrease or absence of the feeling of hope (Lopez et al., 2003).

As has been previously discussed, one aim of this study is to look at how hope is co-constructed through SFBT. It is important to understand what SFBT is and how the mechanics operate in this model. The current literature suggests that to cognitively create hope, there needs to be a series of steps and processes in place that can then increase one's likelihood and ability to move forward. Emotion-based hope, however, is driven by the feelings within the individual and is created and moulded by the environment and experiences that surround the individual. This study investigates both cognitive and emotion-based hope through a SFBT lens. The next section will focus on the literature that connects hope with the SFBT model.

SFBT and hopefulness

Research into hope and the counselling process is in its very early stages (Larsen et al., 2007), and there is very little explicit description of hope in the SFBT literature (Blundo et al., 2014). It is thought that this may (in part) be due to the client-led nature of SFBT and the hesitancy to “let [theoretical] concepts over shine the client’s everyday understanding, or attempts to describe their world” (Blundo et al., 2014, p. 53).

SFBT is a future-focused model, with its foundation built on a client’s preferred future, or what it is they are wanting to be different. Blundo et al. (2014) discuss that when one has hope in clearly defined and distinct goals, the hope becomes about imagining a desired outcome. By having a future focus in SFBT, Bozeman (1999) reported that clients were able to envisage their future a lot more clearly than those who were pathologized by their presenting problems. Taylor, Cheavens and Michael’s (2000) research found SFBT to be particularly helpful in growing a sense of hope, in contrast with models of therapy that focus on the problem clients present with. There is implicit evidence linking hope-focused practices and the techniques used in SFBT.

The importance of therapeutic alliance

Relationships and meaningful connections are said to be crucial in the building of care and understanding for clients’ situations (Blundo et al., 2014). Therapeutic alliances enhance hope in counselling, with Kondrat and Teater (2012) investigating the use of SFBT in assessing situations where hope seems to be lost. They believe that SFBT is a therapeutic approach that can allow practitioners to both assess risk, when necessary, and increase levels of hopefulness simultaneously. In the instance of suicidal risk, for example, hopelessness is a high factor. Kondrat and Teater (2012) believe that the type of help

received by those who present as “at risk” is crucial. They believe that through practitioners understanding the importance of the therapeutic relationship (however brief) and clients feeling connected through appropriate follow-up, there will be an increased sense of hope within clients (Kondrat & Teater, 2012). This study was not age specific but focused purely on patients presenting with suicidal ideation.

The practicalities of hope in SFBT

Snyder (1995) states that “perceived ability” (p. 355) to plan and imagine routes towards goals is just as important as the goals themselves. His hope theory states that determination and will power to move towards one’s goal is the first step towards positive change. Gallagher and Lopez (2009) state that hope can often be understood as working positively towards a future, and Blundo et al. (2014) discuss hope as having a circular flow-on effect, since future-focused methods of therapy (such as SFBT) emphasize possibilities and specific best hopes. This encourages a sense of hope, which creates a positive emotion in the client, and helps them associate these possibilities with hopefulness for the future.

There is currently a lack of specific practice-based research exploring the evolution and descriptions of hope in SFBT. My research aims to build knowledge in this area of counselling and describe how SFBT enhances or determines hope for client-participants.

Adolescent “Stage of Life”

This study was conducted in a co-educational secondary school, where I also did my counselling internship training. As adults, we expect that adolescents will begin to explore who they are and develop their own passions and opinions (Harter & Whitesell, 2003). Adolescence is thought of as a time when adolescents begin to determine their identity

through abstract thinking and exploration of ideas (Gerard & Booth, 2015). Adolescence is also a transitional stage of life, and there are many challenges that youth face as they try to navigate their new landscape (Hamby et al., 2019). Adolescents go through many changes mentally, physically and sexually, which complicate their understandings of self and what is going on around them (S. Riley, 1999). Due to fluid physical and psychosocial changes, adolescents can feel as if they don't have control of their surroundings (Rodin, 1990, as cited in Lachman & Burack, 1993). Feeling out of control has shown to be connected to adolescents' mental health and overall well-being, with Lachman and Lewkowicz (in prep.) stating that those who don't believe they have control over their world around them are more likely to become depressed, anxious or close-minded (as cited in Lachman & Burack, 1993). Although, at times, adolescents feel a of loss of control, Kadosh, Linden and Lau (2013) state that new and changing factors (constantly adapting and shifting over a relatively short space of time) are also important to adolescents. During this time of change, there can then be a heightened sense of "role-taking" for adolescents, when they decide they want to regain control over their lives (Harter & Whitesell, 2003).

It is important to take the multi-faceted elements of adolescence into consideration when reading this study, as client-participants' experiences of hope are shaped by the influences discussed above.

The importance of connection in adolescence

As adolescents' need for autonomy increases, so do their relational motivations (Gerard & Booth, 2015). Hamby et al. (2019) explain that relational motivations are caused by the inspiration and encouragement others provide. He also states that "mattering" (a psychological construct) is vitally important to adolescents, and knowing that they are cared

for will make a difference in their motivations moving forward (Rosenberg & McCullough, 1981, as cited in Hamby et al., 2019).

With adolescence comes an increased sense of freedom. This freedom may allow more opportunities to connect with others and can sometimes be sought after as “esteem-enhancing approval” (Harter & Whitesell, 2003. p. 1030). It is discussed that commonality in friendships (friends that are in the same age and phase as each other) support an adolescent’s evolving identity, or what the research calls “agemates” (Sullivan, 2013, as cited in Hartup & Stevens, 1997). This is particularly prevalent in adolescence, with support being sought from both the same and opposite gender (Sullivan, 2013, as cited in Hartup & Stevens, 1997).

SFBT, hope and adolescents

S. Riley (1999) discusses how adolescents are often not taken seriously, and although adolescence is a relatively short chapter of time, it doesn’t minimize the importance of this time in our lives. Therapy can be a vitally important element during this period, and it is essential that rather than imposing therapy *onto* adolescents, we work with what “fits” for them (S. Riley, 1999), aiming to work towards their desired aims for change. SFBT is seen as a positive way of tackling developmental changes in several short-term sessions (S. Riley, 1999), with therapists believing that opportunities for change are inevitable and, therefore, the period of adolescence will eventually end (S. Riley, 1999).

When working with adolescent students, Lutz (2017) found SFBT to be a practical modality to use with youth, especially those with anxiety. Adolescence is a particularly important stage of life in the development of emotional regulation and coping strategies (Kadosh et al., 2013), so specific techniques of SFBT, such as exceptions, highlighting times

of previous success and asking client-participants what their “best hopes” might be for the session are an example of what can be achieved when there is a future focus rather than the issue a client presents with being analyzed (Lutz, 2017). L. Riley (2014) states that in SFBT, the underlying belief that problems are best solved by focusing on what is already working, rather than continually investigating the past, is what has proven to be useful for client-participants. While working in a learning environment with children, Daki and Savage (2010) stated that there is evidence to suggest that the above techniques (alongside other SFBT skills) have been useful in helping students to meet new goals they have set for themselves. This is in line with Snyder’s (2000) cognitive hope theory, discussed above, which focuses on the pathways one takes to work towards their preferred future.

For adolescents, therapy can have an attached stigma of weakness, creating a shameful response due to its typically problem-focused approaches (S. Riley, 1999). It is believed that a short-term approach to therapy (such as SFBT) is understood by adolescents as them not needing serious “fixing”, instead implying a hopeful stance that a resolution to their troubles is possible (S. Riley, 1999). Positive connotations attached to this type of therapy make it more likely that adolescents will be able to activate the skills and techniques mentioned above (S. Riley, 1999).

Being able to have a positive outlook and optimism for the future has been named as resilience in adolescents (Bennett et al., 2014). Snyder, Harris et al. (1991) suggest that agency within adolescents creates this optimism. They further suggest that if adolescents can self-appraise their capacity or ability to make changes, plan these changes and be prepared to re-evaluate when faced with barriers, then they are well on their way to living a hopeful life. These aspects of hope align strongly with the SFBT approach yet are under researched in counselling practice with adolescents.

School Counselling in New Zealand

School counselling was first implemented in Aotearoa, New Zealand, in the 1960s (Hermansson & Webb, 1993). To begin with, a school counsellor's (formally known as a guidance counsellor) role had a much broader job description, with the role in place to provide leadership to students and to work as "middle managers" (Crowe, 2014, p. 199) for guidance, advice and some counselling. The focus was initially on what were seen as problem students, with an aim to fix or manage behavioural needs (Hermansson & Webb, 1993). As the counsellor's role in schools developed, so too did the awareness of the need to cater for the wellbeing of all students (Hermansson & Webb, 1993), and therefore a shift towards meeting the needs of all students occurred.

During the 1980s and '90s, schools became self-managing, meaning that funding by the government for school counsellors was lost, leaving schools to decide whether they "needed" a counsellor in their school (and having to find the money to pay for them if they did). It was not mandatory for schools to have a counsellor appointed at that time (Crowe, 2014). Over time, the government realized the importance of mental-health-related work in schools. As a result, in the 2000s, schools were distributed extra funding for a "well-being" initiative. It was up to the individual institution to stipulate where the money was used, as long as schools could prove they were providing a "safe physical and emotional environment for students" (Office, 2013, as cited in Crowe, 2014). The Education Review Office found many issues with the implementation of school counselling during its nationwide review in 2013 (Crowe, 2014). Counsellors were stretched to capacity, and there was stigma attached to students receiving counselling. Counselling was often not advertised well, and there were low levels of seriousness applied to safety protocols, such as student

confidentiality (Crowe, 2014). It seemed to be working as a reactive model, in response to mental health needs. There was (and still is today) advocacy for funding to be provided to schools in a way that allows proactive attention to be put on the wellbeing of our young people in Aotearoa (Crowe, 2014).

Historically, school counsellors have often been teacher trained, with some additional counsellor training (Crowe, 2014). Phipps (2019) believes that, whilst schools like to take teacher training into consideration, it is beneficial for counsellors not to have the stigma attached of being a teacher within a school. Literature suggests that there are often concerns by students around their privacy and confidentiality. If students were able to view counsellors differently than teaching staff, privacy and confidentiality may become less of a concern (Goddard, 2017, as cited in Phipps, 2019). There has historically been a lack of well-trained counsellors in secondary schools, however, more recently, ever-increasing opportunities for training and upskilling in areas of counselling have been available (Hermansson & Webb, 1993). The early stages of training in guidance counselling began to be offered in some New Zealand universities from 1970 (Crowe, 2014). As of 2019, all New Zealand secondary schools now employ a qualified school counsellor (or counsellors), who use a range of modalities in practice.

Rising mental health crisis within local schools

“We’ve got to get better at planning to respond, rather than reacting to things when they turn to custard.” (McDonald, 2018)

Within any environment, the context and influencing elements must be considered. For example, where this study is situated (in Christchurch, New Zealand), there were a series of large earthquakes in 2010 and 2011. There was widespread damage to many homes,

businesses and the city infrastructure, causing the death of 185 people in 2011. There has been ongoing upheaval and grief for many families, as repairs have been slowly taking place around the city (Phipps, 2019).

There have been ongoing effects of these earthquakes, with Canterbury District Health Board (CDHB) chief executive David Meates, stating that there has been a large increase in mental health needs among children and adolescents (McDonald, 2018). According to a 2018 report, since the earthquakes, there were “nearly 3,100 new cases of children and youth under the age of 18 referred for mental health treatment through the Canterbury District Health Board during 2017” (Keogh, 2018, para. 3).

Children who were at particularly vulnerable developmental stages at the time of the quakes (such as those in-utero or aged 1–3) are now pre-teens and or adolescents, presenting to school counsellors and other professionals with complex issues foreseen as “an impact that is going to be here for generations” (McDonald, 2018). McDonald (2018) said that many years on, the CDHB has needed to prove the increased levels of anxiety, self-harm, bed wetting and other issues to gain extra funding from central government.

Cushman, Clelland and Hornby (2011) state that because many primary schools in New Zealand do not have designated counsellors on site, there has been a rise in referrals to outside school agencies. There isn’t usually an attachment to the school from the professionals in these agencies, and there is often a delay in children seeking the ongoing care they require (Cushman et al., 2011). Children’s presenting needs suggest that more intervention from the government is required to provide longer-term care in school-based child support.

Since late 2017/2018, the centralized government has begun to roll out a new mental health initiative, with “mental health workers visiting Christchurch schools as part of

a \$28 million government commitment to provide 80 such staff – the equivalent of one mental health worker for every 500 primary and intermediate age school children in Canterbury and Kaikōura” (Redmond, 2018, para. 1). Prior this programme, there were only eight mental health staff between 160 local schools and a huge demand for assistance that was not sustainable in the long term (Redmond, 2018).

When looking at secondary school counselling across New Zealand, the majority of schools stated that they had implemented counsellors as part of an overall initiative to enhance well-being for adolescents (Cushman et al., 2011). In 2017, the required ratio of school counsellors to students was said to be 1:400; however, at this time, the ratios were often 1:1,000 (NZAC, 2017, as cited in Johns, 2017). Johns (2017) states that there are clear statistics that support the review of the number of school counsellors in secondary schools in the future.

The current literature does not definitively explain (and there is little evidence to suggest) that SFBT or any other therapeutic models played more than a minimal part in school counselling when it began in New Zealand (Crowe, 2014). Kim and Franklin (2009), however, state that since 1999, the use of SFBT by practitioners in United States schools has grown in popularity, with SFBT said to be a good fit for the climate that surrounds school counsellors. Brasher (2009) states that in more recent times, schools have needed to be able to access counsellors who can use effective and brief measures of counselling. With large caseloads and many time restrictions, the brief nature of SFBT works well in engaging with clients existing strengths and (somewhat efficiently) in working towards client’s desired change (Kim & Franklin, 2009). Brasher (2009) also believes in schools using a counselling approach that can develop over a few sessions without the need of multiple follow-up sessions.

Conclusion to Literature Review

While aspects of hope appear fundamental to SFBT, there seems to be minimal research that explicitly links hope and SFBT. Due to the subjective nature of the word hope, it is important for this research to acknowledge the different types of hope (emotion-based/cognitive-based) and to investigate how hope may be elicited through the SFBT techniques used in sessions. This research topic is vital, especially for school counsellors working with adolescents who are struggling with multi-faceted issues. As the literature has shown, there are already implicit links between SFBT and hopefulness, and the usefulness of this approach in secondary schools. My experience as a counsellor suggests that when there is hope for the client-participants, they are more likely to make positive steps towards their desired outcome. SFBT encourages client-participants to invest in their own agency and to build their own future. I am excited to investigate the role hope plays in adolescents' journey to move forward.

Throughout my evolving research process, I investigated two key questions:

1. What does hope *mean* for client-participants?
2. How does hope emerge for client-participants in their lives and through the SFBT process?

The aim of this research was to gain unsummarized data from a range of client-participants between 13 and 17 years old (Willig, 2013).

CHAPTER 3: Methodology and Methods

Methods and Methodology Introduction

In this chapter, I begin by discussing my theoretical perspectives as a counsellor and researcher. I then explain my reasons for choosing thematic analysis as a methodology and its process and procedures. Exploring the underpinnings of qualitative research, I also discuss the uniqueness of this study being practice-based research. I describe the methods taken to initiate this research, including how I selected participants for the study, the data collection processes, and my reflexivity as a practitioner. The trustworthiness and reliability of this study is taken into consideration, including ethical considerations informed by the University of Canterbury Human Ethics process and the professional body of the New Zealand Association of Counsellors (NZAC). Lastly, I describe my process of analysing the data through the transcription process and coding for and identifying themes.

My Theoretical Perspective

When thinking about the topic of hope, I was most interested in exploring an understanding of what my adolescent clients know (about hope) and how they have come to know it (Willig, 2013). As I reflect on my own life, I remember being a curious 13-year-old, often wondering what was running through my classmates' minds and what shaped them into the people they were becoming. Creswell (2013) states that knowledge is born through subjective experiences of the people involved. As a child I didn't like (or understand) that. I always felt the need to "push against the grain" of society, thinking I would be different and not follow what seemed to be the natural way society operated. I wanted my own views. I wanted to be seen as someone who didn't just followed trends. But what I have come to

realize is that our culture, context and each person's desire to feel "enough" ultimately shape these historical experiences, even for those of us who want our situations to be different (Willig, 2013). I have come to recognize this understanding of the way knowing emerges as a social constructionist theory of knowledge.

By exploring meanings and experiences of hope through the client-participants' reality, this study is underpinned by social-constructionism. Braun and Clarke (2013) state that to work within a constructionist framework is to understand that truth, meaning and knowledge change as the influence of human interaction and systems change in our lives. The way humans develop meaning of things and experiences is understood to evolve through organized human interaction, conversations had with others and a natural building of reoccurring ideas (Cromby, 2012).

SFBT practitioners understand that "language and meaning are socially constructed" (Hanton, 2011, p. 13). This suggests that people's experiences are affected by the "discourses operating within society" (Braun & Clarke, 2006, p. 81). I understand that "reality" will be interpreted and understood in different ways for different people. My understanding of an idea may be completely different to someone else's. Similarly, hope is often discussed as being personally significant yet subjectively understood (Larsen et al., 2007). This research focuses on themes that emerge from the topic of hope – a topic that is often hard to "pin down". I used an inductive approach, starting from a point of openness, being willing to accept different understandings of reality from an "unbiased" perspective when working with client-participants (Bager-Charleson, 2014).

Methodology

Methodology selection

I chose my topic before investigating what would be the best methodological fit for this study. The elusive nature of hope piqued my curiosity about how individuals attached different meanings to hope. I was also intrigued by how (as a collective group of people) counsellors may be able to make sense of client-participants' understandings about hope, and how these understandings have been shaped through client-participants' past experiences. I was interested to see how this practically evolved through our SFBT sessions.

Qualitative research

"In general, when we speak about 'qualitative' research, we mean social research in which the researcher relies on text data rather than numerical data, analyses those data in their textual form rather than converting them to numbers for analysis, aims to understand the meaning of human action" (Carter & Little, 2007, p. 1316)

This is a qualitative study that focuses on the evolution of hope, or hopefulness, through SFBT counselling sessions. Creswell (2013) describes that as researchers conducting qualitative studies, we adopt our own understandings of reality. The essence of qualitative research design is that it is emergent (Boden, Gibson, Owen, & Benson, 2016), meaning that it works with the "texture of lived experience" (Cromby, 2012, p. 88). An idiographic approach is applicable to qualitative studies like this, where the goals and values of clients are at the forefront of the session (Heatherington & Johnson, 2019). Working with textual data, qualitative researchers are able to state and explain the variety and ambiguity of study results (Potter & Wetherell, 1987, as cited in Cromby, 2012), engaging with the meaning and

experience for client-participants (Cromby, 2012). In qualitative research, understanding meaning is said to be achieved exclusively through language (Cromby, 2012). The interactions between researcher and client-participant are co-constructed through conversation (Holmes, 2014, as cited in Boden et al., 2016), with the client-participant using their language to construct personal meaning (Birch & Miller, 2000). Being a co-constructed interaction, SFBT counselling allows client-participants to reflect on, develop or change their meanings of personal experiences (Birch & Miller, 2000). As I reflected upon my interactions with client-participants, I looked for reoccurring meanings or ideas in my data that had potential to be developed into themes, all the while gaining new meaning through the practice itself (Candy, 2006). Because the research aims were to understand the meaning and presence of hope and its usefulness within counselling, a qualitative approach was the most appropriate methodology.

Practice-based research

The distinction of this study is that it is practice-based research. Practice based research is something that is executed by a practitioner, such as a teacher or therapist. Because it is often the same practitioner that is executing the research study, practice-based research allows there to be a reoccurring relationship between the research data gained in therapy sessions and the therapist (Shennan & Iveson, 2012). Candy (2006) stated that practice-based studies have enhanced the amount of original knowledge that has been produced in the education sector, with Westfall, Mold and Fagnan (2007) saying that although practice-based research has a “long and robust history” (p. 404), it still isn’t well received in more “clinical” study contexts in the United States. In the context of this study, I co-constructed

sessions with participants not only as a researcher but as their counsellor, and I investigated the evolution of hope through the practice of SFBT counselling sessions.

Method and Research Design

Client-participant setting

My research took place in the secondary school where I worked as an intern counsellor. The school is one of the largest co-educational public secondary schools in New Zealand. I was particularly drawn to this school for its diverse students, fast-paced workload and superb support networks for beginning counsellors. Students have access to free counselling as they need it and can make appointments via email or by sending a request through the secure online school system. Student referrals from deans, teachers and parents are also common. If students have an arranged counselling session booked, they can come straight to our offices at the designated time. Otherwise, counsellors send a slip via a student runner to the student's classroom when they wish to see them. I do not generally text students to remind them of their appointments but will send follow-up emails as necessary. This school currently employs five fulltime counsellors and has a range of student counsellors. I was working in this placement for 2 years as a requirement for the Master of Counselling degree at the University of Canterbury. In the second year, I was on site 3–5 days per week and had my own client base. This is where my research took place.

Data collection

Before beginning this research, I obtained consent from both the head of the counselling department (Appendix A) and the divisional school principal (Appendix B).

Initially, I gave a short talk to students during assembly to explain what my research was about and how they could contact me, via email, should they wish to be involved. There were posters displayed in the counselling department with the same information (Appendix C), and an email was sent to all students in the division reiterating what was discussed in the assembly and how to contact me if they wish to take part in the study.

Over the next few weeks, I waited for emails expressing interest and arranged to meet with the interested students individually to discuss the research further, give them a more detailed information sheet and answer any questions they had. Five female students showed interest in being part of the research, contacting me via email. One student did not return the consent forms from her guardian, and two other client-participants' sessions were cut short due to unforeseen circumstances.

I ended up with two female client-participants who were both eligible to take part, one 14 years old and one 17 years old, in years 9 and 11, respectively. When meeting them for the first time, I gave them a consent form to be signed by both them and a parent or guardian and returned to me by a set date (Appendix D & E).

The data was collected through pre-arranged counselling sessions between the 1st of August and the 27th of September 2019 due to the constraints of school holidays and students' exam leave. These sessions took place during school hours, and I individually worked with the two client-participants. Client-participants' permission forms were signed prior to the first counselling session. A maximum of three counselling sessions from each client-participant was used for the research, even if client-participants took part in (or wanted to come for) more than three counselling sessions. Sessions lasted between 30 and 60 minutes. Prior to beginning the research, there was an opportunity for discussion

between the client-participants and counsellor/researcher to answer questions or further explain the process if needed.

I have given my client-participants the pseudonyms Alicia (14) and Hannah (17) and have changed all identifiable material. I both audio and video recorded the counselling sessions to analyse the information from each session.

During the initial meeting with client-participants, the first step was to be transparent with them about their personal rights regarding having their counselling sessions as part of this study, that they would not only be counselling clients but also research participants. Burwell and Chen (2006) suggest one important element (in both research and counselling) is to provide clarity to client-participants that they have control over what happens in their sessions and can let us (therapists) know if they aren't comfortable. As discussed above, the practicality of this was negotiated with client-participants before any therapy began. For example:

Counsellor: Even though I know we are recording this for research, just ... want ... to make sure that you know that you as a client-participant are my priority, okay ...

Alicia: Ahuh (nodding)

Counsellor: Yes, it's for the research, but at the same time it is a real counselling session (laughing with the client-participant) and ... if at any time you're uncomfortable with the recordings, just let me know and we can stop.

Alicia: Okay, yup, that's fine.

All sessions were video and audio recorded, and transcripts were later derived. After each session, counsellor notes were taken and stored securely (as per regular counselling sessions), and initial observations were noted for the purposes of the research.

Representativeness and reliability of qualitative research

Validity of qualitative research can be “defined as the extent to which our research describes, measures or explains what it aims to describe, measure or explain” (Willig, 2013, p. 91). Unlike quantitative research, which is based upon preconceived methods of execution and specific questions that need answering, qualitative methods are flexible and enable researcher’s ideas or understandings to be challenged throughout the data collection process (Willig, 2013). Although validity can be questioned in qualitative methods, several ways data can be authenticated are through participant validation or feedback, the “real-life” settings (which are often the basis of qualitative studies – as opposed to a controlled study in a lab) and the reflexivity of the researcher themselves (Willig, 2013).

Trustworthiness in research is an aspect that can be hard to dictate, but Harrison, MacGibbon and Morton (2001) suggest that doing things to improve trustworthiness in the eyes of the participants, such as letting them check initial notes you have taken from the data, is a way of building trust.

Harrison et al. (2001) state, “We use trustworthiness to mean the ways we work to meet the criteria of validity, credibility, and believability of our research—as assessed by the academy, our communities, and our participants” (p. 324). This is something I enacted in my research. This is demonstrated through building rapport with my clients, helping them to feel safe being part of the research and being open to questions or queries they may have. It also includes honouring what I say I will do and being clear from the beginning of the study about any expectations (Harrison et al., 2001). This research will be assessed by the University of Canterbury Health Sciences department, and the findings will be shared with the wider community through presentations and publications. In these ways, I hold this research to high standards of trustworthiness.

Ethical considerations

Before I formally began this research, I gained ethical approval from the human ethics committee at the University of Canterbury (Appendix E). This was granted on the 6th of August 2019. As part of this process, I discussed with the committee various elements of confidentiality and anonymity for client-participants. I explained that all video and audio recordings would be saved on a password-protected computer and that the computer would either be with me or in a secure locked environment at all times. All data that was collected during the study will be destroyed after 5 years (from submitting the research).

For the purpose of ensuring that I was practising ethically when working with clients, I was transparent with my clients from the beginning about differences in communication as a researcher and their counsellor. I explained that I would be taking on both roles. In my researcher role, at the beginning, I made sure to fully explain what the study entailed, what would be done with their data as part of the study and issues around consent to take part in the research. The New Zealand Association of Counsellors (2016) code of ethics states that, in the counselling role, confidentiality is paramount. I reiterated how therapy sessions normally work (including confidentiality) and discussed how, after the initial meeting, I would predominately work within my counselling role, with their needs and wellbeing being my priority (Hart & Crawford-Wright, 1999). I also explained that I would have to shift back into researcher mode during the sessions if, at any time, they wished to withdraw their consent to take part. I mentioned that I would always verbalize when I was switching between roles. Lastly, I discussed with the client that after three sessions, I would again take the role of researcher and analyse the video/audio recordings taken of sessions for my research (Fleet, Burton, Reeves, & DasGupta, 2016).

Along with other ethical considerations, as a qualitative researcher, I continually considered the potential implications of inviting individuals to engage in a reflexive project, which may have led to the revisiting of unhappy experiences for them. Whilst I was thinking about the new understandings being achieved for client-participants, along with perceived positive outcomes from the session/s, I was also aware of not wanting to place the client-participant in a role they did not feel fully able to fulfil. I was aware throughout our sessions of the potential need to support the client-participants in accessing other forms of professional help, even at the conclusion of our sessions together (Oakley, 1992, as cited in Birch & Miller, 2000; Vaughan, 1986, as cited in Birch & Miller, 2000).

Reflexivity

Actively considering my own influence on the study was a vital element of the analysis, as I understand that my own values, views and interpretations all played a part in what conclusions were drawn from the study (Denzin & Lincoln, 2000, as cited in Cromby, 2012).

As a qualitative researcher, reflexivity is an important part of the process of reliability and trustworthiness (Finlay, 2005, as cited in Fleet et al., 2016), with the risk of unknown prejudice and bias potentially entering the recording or analysis of data. Rather than focusing on minimizing that risk, Finlay (2005) stresses the importance of going through an active process of reflexivity, which focuses on the subtleties of the subjective research, which in turn helps improve rigor and credibility (as cited in Boden et al., 2016).

To determine and monitor this progress reflexively, I was actively aware of my own interpretations and understandings that emerged from the sessions with clients. As previously mentioned, I take a socially-constructed view of the world, and particularly to this

research, and in working reflexively, I was aware of the lens through which I was observing client-participants understandings of themselves and hope.

Watching and analysing myself as both a practitioner and researcher, as I reviewed the video recordings of sessions, allowed me to notice things that I may not have been aware of at the time, such as body language, facial expressions and tone of voice. In addition, I considered the impact that my body language, facial expressions and tone of voice may have had on the client-participants and how this may have then affected the data that was produced (to be discussed as a reflection in the following sections). This also included being aware of my own cultural identity and/or biases. To monitor this, I used Collins, Arthur and Wong-Wylie's (2010) cultural auditing framework as a reflective exercise to hold my own practice accountable throughout the process of this research. Taking part in bicultural workshops (such as those on the Treaty of Waitangi) continued to inform me of the presence and importance of multiple cultures when counselling (NZAC, 2016). As per my obligation to the New Zealand Association of Counsellors (NZAC), I received monthly clinical supervision to discuss any potential issues that arose from my practice (Bond, 2004). I also took part in peer analysis with my Master of Counselling cohort, which did not affect client-participant confidentiality since pseudonyms were used and other safety methods put in place (discussed in future chapters).

Data Analysis

Background of thematic analysis

In Creswell's (2007) book *Qualitative Inquiry and Research Design: Choosing Among Five Approaches*, he outlined and explained the basis for narrative research,

phenomenology, grounded theory, ethnography and case studies. None of these five approaches seemed to fit perfectly with the intent of this study. Other research stated that for any researcher wanting to discover new ideas and interpretations of a particular topic or phenomenon, thematic analysis is the most appropriate methodology (Alhojailan, 2012).

When I first came across thematic analysis (TA), I found it confusing and vague, much like my topic of hope. As a framework, it isn't tied to a particular theoretical or epistemological position, and literature suggests that due to the variety of ways TA can be approached, there is confusion about the nature of the method itself (Vaismoradi, Turunen, & Bondas, 2013, as cited in Maguire & Delahunt, 2017). Rather than elusive, TA is often seen as a flexible framework, perfect to use in areas of learning and growth (Maguire & Delahunt, 2017). One of the distinguishing features of working with TA is that it is a practical method of qualitative research, covering a range of epistemological and theoretical positions.

Put simply, TA is the process taken by qualitative researchers to recognize reoccurring ideas within the data we are presented (Maguire & Delahunt, 2017). Thematic analysis is not about using all reoccurring ideas but looking for data that can help drive the analysis in relation to the overall research question (Guest, MacQueen, & Namey, 2012). The aim is to analyse the patterns discovered and use them to express an idea, a likely "conclusion" about the topic in question. TA is about making sense of ideas in a clear and coherent way (Maguire & Delahunt, 2017). In the following section "Data analysis", I describe, in more detail, the practical ways in which I used thematic analysis and its evolution through this study.

Qualitative research is often subjective, with identification of themes resulting from the researcher's judgement and interpretation of understanding (Braun & Clarke, 2006). For the purpose of this study, I took an inductive approach, strongly linking the uncovered

themes to the data (Alhojailan, 2012). I wanted a more precise focus for the study to “evolve through the coding process” (Braun & Clarke, 2006, p. 84). I wanted to find the focus based on client-participants’ experiences. I did not specifically look at the data case by case, session by session or aim to answer specific questions relating to hope, but more I pondered open-ended, subjective questions such as: What is reoccurring as significant here? and What relevance does this have to the evolution of hope in this client-participant’s context?.

The study aimed to extract data and categorize it through understandings of hope and how it manifests. I eventually completed the process of thematically discovering new understandings hope, whilst looking for repeated patterns and meaning for the adolescent clients (Alhojailan, 2012).

In analysing results, it was important to acknowledge the ways individuals made meaning of their experiences and how social constructs effected these meanings (Braun & Clarke, 2006). I note that the patterns generated are my own interpretation and interaction with the data. They are ideas that I see as relevant or important in exploring the meaning of hope for adolescents (Guest, MacQueen, & Namey, 2012). I am aware that creating new understanding and generating meaning in data analysis is a socially constructed exercise between not only me and the participants but also the participant and the context of the study. Being attuned to this reality is a way of safeguarding trustworthiness and ensuring I attend to my biases as much as possible.

As a way of providing a framework that is both useable and clear for this analysis (Maguire & Delahunt, 2017), I found it useful to follow Braun and Clarke’s (2006) “Doing Thematic Analysis: A Step-by-Step Guide”, which is explained below:

1. Familiarizing myself with the data:

This entailed watching, reading and transcribing the data. It also involved immersing myself and “getting to know” my client-participants on a deeper and different level to when I was solely counselling them. This was achieved through repetitions of the above process of watching, reading and transcribing the data. I took initial notes of what jumped out at me as interesting or a repeated idea. I discuss this in more detail below, under the subheading Transcription process.

2. Generating initial codes (Appendix F):

I prepared a list created to note all the repetitions I could see that seemed somewhat relevant to the study. This created semantic data, key words or phrases that were a feature of the data (Braun & Clarke, 2006). This was manually performed through handwritten lists and highlighting codes that seemed to be linked in some way. I discuss this in more detail below, under the subheading Coding.

3. Searching for themes (Appendix G):

Here, I was beginning to analyse my codes and look in more detail at how these codes may connect or combine to form overarching themes. I discuss this in more detail below, under the subheading Themes.

4. Reviewing themes: (Appendix H):

During this stage, I refined my themes. I found this the longest, most challenging part of the analysis process, a process that was repeated many, many times, even as I was writing up the findings of the study. This is elaborated under the subheading Themes, as well.

One audio recorder and one video recorder were used (see ethics section) to capture data from these sessions. I checked with each participant that they were comfortable with their sessions being recorded and explained this in more detail previously (see Data collection).

Transcription process

I listened and watched each client-participant's three sessions twice. Initially, I took notes of anything interesting I heard but, for the most part, was actively engaged in absorbing the information that I was seeing/hearing. On the second viewing, I transcribed large amounts of data from the sessions, anything remotely useful or interesting that could be used as data for the study (see Appendix I). Part of this process was arranging my quotes with timestamps of where they occurred and in what session, to make it easier later in the process when I was locating ideas to explain themes (see Appendix K). All transcription was done by hand, through watching/listening and typing into my laptop. Pseudonyms were used in all material relating to clients.

Coding

The initial codes were written words/ideas that reoccurred either within one session, or across client sessions. I also included initial thoughts or reflections that I had of each session. I then took these words and began to focus them around a central idea, colour coding them according to that category, e.g., *self* (Appendix L).

I worked and reworked these lists, moving codes into different categories and finding myself getting frustrated with the confusion and overlap there seemed to be between ideas. There were crossovers between words, where they situated comfortably within two central ideas but were not distinct enough to stand alone as a theme. I also realized the impact of my own reflections on what clients were saying coming through strongly in the data. I acknowledge how my own experiences of hope and that what client-participants were saying was having an impact on what I was drawing from the data.

As I persevered with coding raw data from my sessions and slowly gained more clarity, it was apparent that the data was exposing many ideas that sat in categories relating to self, personal understanding and relationships. As I continued to immerse myself in what the client-participants were saying, both directly and indirectly, relating to hope, I discovered the significant overlap between key phrases sitting in both the “self” category and the “understanding” category. To simply talk about self as a theme was too large, and I needed to be more specific in what I was trying to explain *about* self.

I was continually asking myself questions such as: What does hope mean to client-participants personally? during this process, and I found that client-participants already had beliefs about hope before they came to see me for counselling. Building their understanding of the usefulness of hope and what it could look like in their own lives evolved as a *process* throughout our sessions.

Trying to combine personal meanings with the evolving process of understanding was proving to be difficult and was not aligning with thematic analysis’ idea of clear and distinct themes. Because client-participants were expressing their own meanings of hope as being significant to them, and the process was the evolution of choices and possibilities within their own situations, I decided to separate the conditions of hope I was observing into two clear categories: the *personal significance* of hope and the *solution-focused process* of hope.

Themes

Braun & Clarke (2006) distinguish between two types (or levels) of themes: semantic and latent. Semantic themes are clear, explicit and aim to reflect the meaning of what has been shared by a client-participant, without looking beyond the surface (Braun & Clarke,

2006). Latent themes, however, take an interpretive approach, looking for underlying ideas and meanings beyond what the clients have explicitly said. They build on the beginning ideas of semantic themes and shape or inform the data (Braun & Clarke, 2006). The themes in this study are latent and were identified through searching for “repeated patterns of meaning” (Braun & Clarke, 2006, p. 86). They are a generalized account from the majority of the data provided (Alhojailan, 2012).

I went back through the data a second time, retaining the codes that articulated more fully the essence of what I was attempting to show in the data. The more I immersed myself in this process, the more subthemes began to take shape. I then began to write up my ideas in a semi-coherent way, getting a clearer and clearer picture of what it was that I was wanting to share from this study’s data.

After taking a break from my research, I realized the challenges of writing a piece of work that separated client-participants’ meanings of hope from the SFBT process they took part in. Ultimately, the entire study was focused through an SFBT lens. For a third time, I reflected on my findings, reorganized them and thought about the solution-focused ways in which the research was evolving.

Lastly, I wanted to add my own voice as a data source. It was challenging to integrate this into the findings in a way that wasn’t disjointed but woven throughout the narrative of my participants’ journeys.

The final themes that emerged are outlined below and presented in the following chapter in detail.

- 1) The personal meanings of hope
- 2) Influences on client-participant agency in working towards hope
- 3) Co-constructing a preferred future of hope
- 4) Co-constructing ownership and increased agency in developing hope

CHAPTER 4: Findings

Findings Introduction

In this chapter, I present my findings from the analysis generated from counselling sessions with client-participants, focused on my research question How is hope co-constructed in solution-focused counselling sessions when working with adolescents? Below is a description of the two participants who were part of this study and their motivations for coming to counselling/being part of the research. As context, I have included basic information about the client-participants, including their names (pseudonyms), ages and year levels at school. I then describe why they chose to come to counselling and take part in the research.

Client 1: Alicia

Alicia is a 14-year-old female in her first year at secondary school. She agreed to be a participant in the research because she was interested in the topic of hope and wondered how it might serve her in her current situation. She already had an understanding of what hope means to her and she discussed how her preferred future would be “things getting better” or “less stressful”. There were many elements to Alicia’s stress (including home, school, extracurricular activities), so gaining clarity on what her best hopes for her future are and strategizing collaboratively were important factors for moving towards her goals.

Client 2: Hannah

Hannah is a 17-year-old female in her second to last year at secondary school. Hannah engaged in counselling primarily because she hadn’t ever talked with anyone before

about things that were bothering her, and she wanted certain things in her life to be different. Hannah was shy yet confident in her abilities to discuss her dreams of becoming an actress and expressed her frustration with her grandmother about the mismatch of ideas they each had about her future. Hannah's best hopes were that her doubts, created by interactions with family members, would be less and that she would be able to reassure herself in the decisions she made about her future moving forward.

As mentioned in the Methods section of this report, it became apparent in the process of my analysis that there were two distinct conditions promoting the emergence of hope. I felt it was impossible to treat these conditions as a singular entity, and the disparity of these two conditions led to analysing them each separately. These two conditions are:

- 1) The personal significance of hope
- 2) The solution-focused process of hope

There is a challenge that comes with separating these two conditions. Although the meanings, definitions and explanations of hope evolved through the *process* of our SFBT sessions, I specifically made the decision to analyse these meanings separate to the process. The aim was to more clearly articulate the *personal connections* client-participants had with the word hope and then highlight how the SFBT framework enhanced the development of these personal connections.

In my data analysis section, I discussed in detail the process in which I engaged to code and identify themes. In Appendices F, G and H, I have given examples of the data, my coding process and the final themes identified. I will be using my personal voice as a data source in this chapter as a way of including my process of reflective practice throughout the SFBT counselling—research process.

First Condition: Personal Significance of Hope

The personal significance of hope was an important condition to emerge throughout the data analysis process. Client-participants readily described their growing understanding of hope throughout our SFBT counselling sessions. The first half of this chapter will focus on the theme: (client-participants') Personal meanings of hope. By elaborating on client-participants' meanings, three subthemes emerged:

- 1) Hope as a "preferred future"
- 2) The infinite possibilities of a preferred future
- 3) The choice of a preferred future

The second half of this chapter will focus on the second theme: Influences on client-participants' agency towards hope. Two subthemes emerged from this theme:

- 1) Influences that discourage hope development
- 2) Influences that encourage hope development

Theme: Personal meanings of hope

For the purpose of this research, "meaning" is considered something that has significance to the individual, with client-participants in this study describing personal meanings of hope as both significant and something that everyone has:

Alicia: Yeah, pretty much but ... I feel like everyone does have ... hope. ... For some people, it's ... religion, oh you know like God is for them ... Or for some people, it could be ... family, like they are driven by family, like they have hope that [things will be okay].

Throughout the process of our SFBT sessions, client-participants highlighted that there is a uniqueness to hope in relation to both a person and their situation. Hope is personally significant yet an elusive “being”. One person’s hope will not be the same as another’s, and it cannot be narrowed down to evolving from one type of person or circumstance. For example:

Counsellor: How else do you think it could look for others?

Hannah: It just depends where it lies and ... it’s relationships, hope within relationships ... The motivations are different; therefore, they’re creating a different ... I dunno, and also places where people find hope, some people might find hope through like, art and like music ... It’s where you see it I guess.

This quote was chosen because it highlights a client-participant’s understanding of the vague, yet personal, elements of hope. Hannah explains in her own words how she believes hope can be between people or in something specific to an individual. Her focus was ultimately describing the unique nature of what drives someone’s hope.

Subtheme: Hope as a preferred future

Counsellor: How do you know what hope is for you?

Alicia: I guess for everyone it is different ... but for me, I guess ... it’s what gives someone like a purpose, like a point to go [on]. Not necessarily a purpose, it doesn’t mean everyone needs to have it, it just means ... if you do, it is something for you to go towards. Like a goal.

Ultimately, each client-participant's hope was described as their own (personal) preferred future. Mills (2016) describes a preferred future as looking towards the future, shaped and driven by the individual's overall wants and needs. This is the focus of SFBT, the client's journey towards their hopes rather than an analysis of what clients see as problems (Shennan & Iveson, 2012). SFBT practitioners believe that when clients come to counselling, they are wanting something to be different. Counsellors are, therefore, curious to find out what the client's best hopes are (Hanton, 2011). In this study, client-participants acknowledged that being able to find and recognize hope seemed to manifest through having a point or direction:

Hannah: I don't know how to explain it, I think if there's hope then there's ... a reason for people to do things, and if there's a reason to do things, then there's purpose behind them doing it.

Here we see Hannah attempting to find the words to describe hope, such as "reason" or "purpose". However, to assume hope is within someone doesn't necessarily mean it is obvious or active. Hannah also described hope as something that can sometimes be hidden away, a purpose that is discovered and built on, evolving over time rather than being created:

Hannah: You know, it's like hidden away. That can be with hope ... like sometimes it's just a bit more ... hidden or like ...

Counsellor Mm mmm

Hannah: ... I dunno ... tangled and that

Counsellor: Yeah ... so they ... the hope is ..., you're born with it, but ...

Hannah: ... yeah ...

Counsellor: ... sometimes people don't realize it's there?

Hannah: Yeah, I think, I dunno, I think if you don't have hope then ... it's kind of like a purpose you know, I think everyone has a purpose so if they don't like find [it] – you just have to find it.

Subtheme: Struggles in locating hope

As our sessions unfolded, and we discussed the client-participant's own "reasons" and "purpose", the infinite possibilities of their hope became evident. Client-participants discussed the struggle they can have with locating their purpose and being unsure of where their hope is placed. Amongst the multitude of options adolescents are presented with, Alicia suggests it can be hard to recognize what hope is and when it is present:

Counsellor: Awesome ... can you describe what it feels like for you when you have that hope?

Alicia: Sometimes it's hard to find

Counsellor: Yeah

Alicia: ... Sometimes you just get really lost, and you're like, "I don't know what I want ... "

Counsellor: ... which can be hard to find ...

Here we see Alicia explain her struggle to know where her hope is located. She also touches on how easily hope can transform into what adolescents see as the wrong thing. Alicia continues to describe how once she discovered what her hope was in, although she recognized that it was very much "alive", she felt her hope was displaced, and she wanted it to be invested in something different:

- Counsellor:* ... and would you say the hope is less? ...
- Alicia:* ... I wouldn't say the hope is less. I know it's still there but it's just ... it's confused where it needs to be.
- Counsellor:* ... Ah ... so it's where the hope is placed?
- Alicia:* Yeah
- Counsellor:* Hmm. Okay. So for you, what I'm hearing (please correct me if I'm wrong), what I'm hearing is that you understand the importance, in your own life, of hope, and what it's done for you in the past.
- Alicia:* (nodding)
- Counsellor:* ... and how it drives you, and it provides a direction ...
- Alicia:* (nodding)
- Counsellor:* ... and you've come to me and you've said, "Hey I feel like maybe the hope's displaced at the moment, the hope's in the wrong thing".

Alicia explains how she understands that hope provides her with a direction, and when her hope is taking her in the wrong direction, she wants to be able to, firstly, recognize what is happening, and then choose to shift her hope in a new direction.

Subtheme: The choice of "preferred future"

As the meanings and importance of hope evolved throughout this study, client-participants discussed that hope isn't a solid fixture but something that moves and grows and is, therefore, *changing*. In SFBT, one of the aims is to build client-participants' positive expectations of change (Kim & Franklin, 2009). Alicia expressed how, in her experience, it is a choice to envisage change as something different, a new preferred future. She discussed

that what she chooses as her purpose is determined by her hope for her situation to be different:

Counsellor: Why would you say you're hopeful? What makes you have hope?

Alicia: (Pause) ... I feel like ... sometimes it feels like it's just an endless pit ... alive and then at one point just going ... you know ... we all went through the whole "oh I'm sad" phase (laughing) ..., and I guess hope was kinda the thing that like "what're ya, what're ya doing?" It was kinda like a wake-up call ... that ... I can either choose to just kind of drag myself through life, or I can hope for something better, or I can hope for ...

Counsellor: Wow ...

Alicia: ... I can hope for something I'd enjoy. For me, watching that [Thirteen Reasons Why], 1) I was just kind of like wow (laughing) ... things like that do happen, people do feel that way, and 2) it was kind of just that ... things can change and get better and you can ... choose the way you want it to go ...

Counsellor: Yup ...

Alicia: Yeah ...

Alicia: It's confusing, it's been happening to me a lot, like "I don't know if it'll work out ... I don't know if I actually want it enough to try", but hope's like the thing that's ... making me try.

Hannah went on to discuss how hope is not just a choice to decide where your intentions lie but a choice to *act* on these intentions moving forward, letting the hope drive and motivate you:

Hannah: Like, in drama, I dunno, I'm just gonna reference drama (laughing). We have to write a statement of intention, and we talk about the actress' purpose and like the character's purpose and like ... if you walk somewhere, you have a purpose, whether it's to walk straight there or, like, if you walk in ... weird lines, you know, there's a reason for that. Your brain chooses ...

Counsellor: Ahhh. So would you say hope's a choice?

Hannah: ... In a way yeah. I guess so, yeah. ... I think it's a choice to discover and act on it.

Below, Alicia talks about how her hope in something being different provides the courage to make the choice to move forward:

Counsellor: What gave you the courage in that moment to be able to have that conversation?

Alicia: Pause ... The hope that it would change ...

Counsellor: ... mmm ... so ... your driver, and I guess it kind of touches a little bit on what we talked about last time, your driver for ... being proactive. I s'pose in doing something ... [there] was hope that it would change.

Alicia: Yup

Counsellor: It [the hope] ... would help or at least make some change

Counsellor-researcher reflections on “personal meanings of hope”

I personally resonated with the personal nature of hope that client-participants were describing. I found myself being very curious and often excited when client-participants were articulating their understandings of hope. When I reflect on times I have been hopeful, particularly when I was the same age as the client-participants, I can relate to the driving force that that created in my own life, propelling me towards what I had hoped would be a “better” future.

Reflecting post-sessions, I realize I felt encouraged, but also reassured, that as I reflect on my own life, I now realize that what I was doing at the same age as my client-participants was probably “normal”. What they shared with me continued to give me hope in their stories and hope for them and for the possibilities for their futures.

Theme: Influences on client-participant agency towards hope

The sense we have about ourselves is ever fluid and moving, and influences around us can have a persuasive effect on our evolving identity (Fine, 1991). As client-participants deciphered a clearer picture of their own meanings of hope, the impact that external influences had on their levels of hopefulness became apparent. These factors tend to have a positive or negative impact on where hope is placed and a person’s ability to work towards their preferred future. Interpersonal relationships play a role in validating or negating one’s strengths, impacting one’s agency to move forward (Bagwell, Newcomb, & Bukowski, 1996, as cited in Hartup & Stevens, 1997), with Heatherington and Johnson (2019) suggesting that counsellors who focus on client-participants’ strengths and abilities help to inspire growth in agency.

In the following section, I discuss how positive and negative influences effect the “sense” that client-participants have of themselves, and how this sense connects to hopefulness.

Subtheme: Other’s expectations that discourage the development of hope

The value that client-participants see in themselves shifts when they feel they are disappointing others. This suggests that client-participants see the disappointment as more than just a response to their behaviour. Client-participants’ identity seems to be challenged when they feel disappointment from others, often due to fear of *being* a disappointment to the ones they care about. In this research, when client-participants described feeling this way in relation to those who matter to them, they would question themselves. When they began to doubt themselves, they would question what they believe in. Feeling they’re misunderstood, disconnected or not good enough in the eyes of others seemed to limit client-participants’ ability to work towards any goals they may have. It became evident in both Hannah and Alicia’s cases that their hope in themselves and their preferred futures become smaller when they feel they are a disappointment to others.

In our sessions, Hannah identified that her preferred identity was evolving. What she was discovering about herself in our sessions helped her to realize that her ideas didn’t fully align with her grandma’s preferred future for her:

Counsellor: Do you think your identity is evolving? Over time ...

Hannah ... Yeah, yeah, definitely I think so, yeah

Counsellor: In what ways [do you] ... feel like it’s evolving?

Hannah: Well ... I feel just like, more like being more confident in ... my ... identity. More like, more sure, I guess. You know that ... I do wanna be theatrical and like Spanish ...

Counsellor: Yeah, yeah, yeah, yeah ... so ... you're becoming more confident ...

Hannah: ... yup ...

Counsellor: In your identity. Yeah, I can understand that.

(break)

Counsellor: How do you think that sits with Grandma and Aunty?

(pause)

Hannah Um ... I don't know. I think that ... (pause) ... I think that deep down, ... I dunno, ... cos they come from ... a very ... a small town in Germany and so ... they don't ... they want me to be, like, "well off", I guess, you know ...

Counsellor: ... mmm, mmm ...

Hannah: ... and also like sustain myself.

There was a tension forming for Hannah as she described how she feels worthless and doubts herself in these situations with her grandma. The hope of her preferred future begins to decrease, as does her ability to work towards it.

Counsellor: When this is happening, obviously it's important to you cos you brought it up today, how does it make you feel?

Hannah: I dunno, I kind of just, I dunno, it makes me feel like ... it doesn't make me feel like I'm worthless, but it makes me feel a bit like, oh, you know ... maybe I'm doing the wrong thing or ...

Counsellor: So for you ... this whole thing creates a feeling of ... maybe worthlessness, or not good enough ... and doubt.

Hannah: Yeah. I think for me, it's important to be ... sure ... of things, I dunno ...

Counsellor: So create some certainty maybe?

Alicia also described that feeling disconnected and misunderstood by her dad and brother led her to feel like a disappointment to them. The feelings discussed below meant her level of hope in having a stable and loving relationship with her brother and dad was less than what she had hoped for:

Alicia: Every time I, like, tell them something, I almost feel like it's not good enough ... And I feel like he's just constantly angry at me and I don't know why ...

Counsellor: Yeah, yeah ...

Alicia: It just doesn't feel like I'm doing right.

Counsellor: Yup, so for you, not good enough, not doing right

Alicia: (nodding)

Subtheme: Influences that encourage the development of hope

In contrast, Hannah described the positive impact others can have on her feelings of hopefulness. Feeling understood helps her to feel encouraged. Having common values with her peers led her to feel she could be her authentic self, leading her to have people she could connect with and enabling her hope to grow.

Below I will discuss multiple influences that encourage the development of hope. Firstly, I will discuss positive therapeutic relationships and the benefits these can have in enabling hope to grow. I will then cover what client-participants describe as having joy in

what they are doing, their purpose or direction and how this raises their levels of hopefulness for the future.

Positive therapeutic relationships

Below, Hannah talks about her positive experience of therapy. This is an example of Hannah's ability to see a path forward through her positive experiences with another person, in this case, her counsellor, and have a growing understanding of her own strengths.

Counsellor: Do you think that your ideas around hope have stayed the same ... changed at all during ... this is your first experience of counselling, aye?

Hannah: Mmm ...

Counsellor: Yeah? Yup, that's right. Do you think that ... your understanding of hope has changed at all?

Hannah: I mean, I think it's become ... clearer, I think it's kinda always been ... there, kind of, but ... I didn't really ... delve into my thoughts with someone like, you know ...

Counsellor: Yeah, yeah ...

Hannah: So ... yeah. It's just become clearer.

Counsellor: In what way ... is it clearer for you do you think?

Hannah: I dunno, it's just more ... I dunno, kind of like all my thoughts, you know, like I said before, all my thoughts are untangled so it's more obvious to ... see ... where everything is and that's like hope and stuff.

Counsellor: Okay ... so having a bit of an untangling of what's in your mind helps to give you hope?

Hannah: Yeah. It helps [me] see what I love and that's like for me, hope.

Counsellor: Yup, so it reinforces ...

Hannah: Yeah

Counsellor: Yeah ... what's important for you.

Hannah's motivation lifts when she discusses feeling connected to others who understand her. In the moment above, she was able to recognize the hope she felt in moving towards her goal through experiencing positive relationships with others and the benefit of "untangling her thoughts" through therapy. During a post-session reflection, Hannah explained what it was in our sessions that had encouraged the untangling of her thoughts and expressed that feeling supported by and listened to by others had a positive impact on her ability to believe in her aspirations, or preferred future:

Counsellor: What was it about the sessions or about the things you were talking about or the way in which it was kinda done in this space that made it clearer or more vivid?

Hannah: ... (pause) ... I dunno, it was just ... really positive and ... ah the word! I dunno ... yeah it was positive, it was ... motivating, I actually, I was like, ah, I could actually ...do something with this, I guess.

(Break)

Hannah: I dunno, ... you're, you're actually like, you know, it seems like you wanna be here (matter of fact) ... you know, it's kind of nice to have someone actually listen, I guess.

Counsellor: Yup, yup

Hannah: It's just somebody else being there, and so you're not by yourself, I guess, but like, you are, like, I dunno.

Having joy in a purpose or direction

The emotion of joy in a purpose or direction they are moving in was expressed throughout the data as a contributing motivator of hopefulness and encouraged optimism in what was to come:

Counsellor: Do you think joy links to hope?

Alicia: Not necessarily, for some people like ...

Counsellor: Yeah. What about for you?

Alicia: For me it does, definitely. Um ...

Counsellor: Tell me about that ...

Alicia: I, I want it to link to joy ...

Counsellor: ...Yeah...

Alicia: ... because ... um ... it's all we can really want out of life (laughing) like we're here for so long, and for some people, ... for them, joy would be like making a difference and that is what their hope is ...

Counsellor: ... yup ...

Alicia: ... or ...

Counsellor: Ahh ... so when you say that's what their hope is, are you meaning like the direction, or the future ...

Alicia: ... I guess, yeah.

Counsellor: Ah. So having joy in what you're doing gives hope ...

Alicia: (nodding)

Counsellor: ... which then provides the direction, the drive, the future.

Alicia: Yeah, yeah!

Both students shared how having passion in something enabled their sense of purpose to grow and, therefore, gave them hope for their futures. Having greater motivation would lead to more likelihood of working towards their preferred future.

Counsellor: So what is going on for you that enables you to be able to do that in the moment?

Hannah: Just, like ... that it's something that I like ... that I love. Well I mean when it comes to drama and music, it's something that I love, or if I'm really connected to the character, like if I'm playing someone, if I'm really connected to them then ...

Counsellor: ... yup, so drive ...

Hannah: Yeah ...

Counsellor: Passion ...

Hannah: (smiles and nods. Sits up straighter)

Counsellor: ... Are things that motivate you?

Counsellor-researcher reflections on client-participant's agency towards hope

There were many things that resonated with me as I reflect on this particular section of my research. Being a disappointment to others is something that I have definitely struggled with in various chapters of life. My empathic radar was working in overdrive as client-participants described their experiences of not feeling "good enough" to the ones they love the most. I felt as though I was looking into a mirror and seeing my 15-year-old

self staring back at me. It was, however, heart-warming to reflect on my own journey, and where I am now. This led to the passion that client-participants also described. The hope I have in myself has grown exponentially since retraining in counselling. Again, I could relate to what both client-participants mentioned about how having joy in your purpose (or in life) as being so important – I couldn't agree more.

This section provides insight and knowledge about the personal nature of hope, through the honesty and vulnerability of the participants involved. They have shared their experiences of hope as a future for themselves, a point or a way forward, while also sharing the challenge it can be to locate our hope. What one's purpose is or where we see ourselves going seems to be influenced by other's expectations, with client-participants describing that hope is something that will be forever evolving, shifting and growing over time.

Second condition: Solution-focused Process Towards Hope

This study didn't just focus on the beliefs and understandings of client-participants' hope but also how the SFBT sessions developed them. The *process* of SFBT counselling is an important element in the emergence of hope. Separating the idea of personal significance from the process in which hope evolved highlighted the role of SFBT. Through the co-construction process of therapy, client-participants were invited to explore their own meanings, shifting and developing their identities and descriptions of the world around them, as well as the possibilities for them in the world. Client-participants readily described their growing understanding of hope throughout our SFBT counselling sessions.

Theme: Co-constructing a preferred future of hope

As discussed in the first half of this chapter, hope was described by client-participants as their preferred future. But what does this practically look like, and how does it evolve? Part of the journey in SFBT is to co-construct possible pathways towards the client-participants' desired outcomes by having a future focus (Burwell & Chen, 2006). This section of the findings will explore the outworking of client-participants' "best hopes", working towards their preferred future and how this connects to the emergence of hope.

Subtheme: Having a future focus in therapy

For an SFBT therapist, seeing "beyond the problem" is having the emotional investment, or belief, in the client-participant's ability to move forward (Rhodes & Ajmal, 1995). Discussing client-participants' best hopes builds the assumption that the client has come to counselling wanting something to be different, which leads to thinking about the future (Burwell & Chen, 2006). Alicia established that her best hope for the immediate future was wanting things to be better or different:

Counsellor: What else, if things were to be ... different or better for you, what else would be happening?

Alicia: Um ... I wouldn't be tired all the time. That would be ideal ...

Counsellor: Yup (writing on the whiteboard) ... what else?

My aim in my exchange with Alicia, excerpt above, was to encourage her to verbally self-generate her understanding of "what would be happening?" when things were better or different. This gives her more of an idea of what it is that appeals to her about things being better or different:

Describing (and then gaining understanding of) what their preferred future is helps hope to emerge in client-participants. The active process of outworking this future in therapy helps solidify where their hope lies. This is the start of creating a new direction:

Alicia: I hate order and stuff, but I guess talking it through and ... writing it down, and then it being there, it's kinda just a bit more like it exists

Counsellor: Yup, yup

Alicia: ... which I guess is helpful ...

Counsellor: Yeah ... So would you say having a bit of a future focus on where you wanna go ...?

Alicia: Yeah ...

Counsellor: It helps with the intention of your hope ...

Alicia: (nodding)

Subtheme: Client-participants' description of best hopes

Alicia discusses the importance of having a best hope to work towards. This increases the likelihood of her achieving her preferred future and reinforces her hope in what's to come.

Alicia: And then after that, if I had ... a goal, I feel if everything else was balanced, I could focus on that goal and achieve it.

Counsellor: Ahh ... goal (using whiteboard), and a sense of achievement ...

Alicia: At the end of all that is literally hope. It's what ...

Counsellor: ... If you have a sense of achievement it leads to hope.

Alicia: (nodding)

Considering the multitude of possibilities for one's future, it's important that individuals can describe what they are hoping for in a situation. This is a crucial step in determining a clear direction that client-participants are then able to work towards:

Alicia: I guess in our little counselling sessions, I kinda just understood a bit more, that ... to make change I need to ... (pause) ... I need to understand what I'm trying to change. ... Cos you can't just hope for thin air (laughing).

There was evidence in sessions that working towards best hopes helped client-participants' gain further understanding of a solution-focused mindset. This process helped them to gain clarity on what their hopes were. The following example shows how after helping Alicia find her aim for counselling, I invited her to gain further understanding of her situation. This is the first step towards increasing her own agency for the change she desires:

Counsellor: ... and what do you think it was ... about this process, about this session, ... that helped to ... make your intentions clearer?

Alicia: I guess um ... talking through it and ... talking through it, and then understanding, I guess.

Counsellor: Yeah, so having understanding, yeah, yeah. Was there any particular elements that you found ... in the sessions that you're like, "Oh that's helped, or that's made things clearer?"

Alicia: The little lists you do are handy.

Counsellor-researcher reflections on co-constructing a preferred future

As I reread the section above, I was reminded of the impact that this fundamental element of SFBT (focusing on a preferred future) has had on my life personally. I feel the burden and weight of shame lift off as people share their hopes, feel heard and understood and do not take on the stigma of “being” the problem. In my experience, in the season of adolescence particularly, there is so much change happening. Teenagers just want to feel connection and like they belong. Feeling (or seeming) like “the problem” can be damaging to a person’s outlook on life, how they see themselves and ultimately their hope for the future. Through having a future focus and an optimistic outlook moving forward, hope grows through visualizing what could be. This was certainly implied (and at times described) by the client-participants in this study.

This theme provides important data in relation to the ways in which therapists approach therapy and what a different mindset can achieve in co-constructing confidence and resilience for a stable and happy future for client-participants.

Theme: Co-constructing ownership and increased agency in working towards hope

One of the intentions of solution-focused counselling is to explore shared meaning between client and counsellor. To co-construct therapy sessions doesn’t mean that as the therapist, you can just insert yourself into the client’s story. A therapeutic alliance needs to be built first. Hanton (2011) discusses that one of the assumptions of solution-focused counselling is that clients are the expert on their own situations and context.

My aim was to find out what it was *client-participants* want to get out of therapy. I indicate that I am on the client-participants’ side and believe in the change they can make,

while encouraging them to participate actively in each session. Through these actions, I hoped to build the therapeutic alliance that is needed to move forward co-constructively:

Counsellor: What would you hope to get out of counselling do you think?

Hannah: I dunno, just more reassurance in myself, I guess.

Counsellor ... What does reassurance mean for you? Cos it can mean different things for different people.

Hannah: Well, at the moment, for me it's ... knowing that I'm making the right decisions for ... my future ...

Above, I am endeavouring to naturally use a solution-focused technique, not being the expert, but using inquiry to invite Hannah to build a clearer picture of what (in her words) she is trying to describe to me. This is part of the beginnings of co-construction, where Hannah and I begin to feel like a team, on the same side, working towards the same goal.

The aim of co-construction is to work towards the client's desired purpose (Franklin, Zhang, Froerer, & Johnson, 2017). I intentionally used the whiteboard in sessions as a way of mapping the direction we were moving and building a visual sense of understanding between us:

Hannah: ... because, I dunno, ... for me, hope is in like drama and like you know the future, but I mean especially talking about it ... I went home and I was like "damn" (smiling), you know, I don't know how to describe it but you know ...

Counsellor: You went home and what? (laughing)

Hannah: Na, I just went home with like more of a sense of ... (pause) ... hope, I guess (smiling). I dunno how to say it, it was just like more ... I don't know if I should say like vivid but ...

Counsellor: Mmm hmm, well you mentioned somewhere in here clearer (pointing to the whiteboard) ...

Hannah: Yeah! It was more clear!

The excerpt above illustrates me using the whiteboard as a way of reflecting on the session *as we go*. It feels more fluid that way and less clinical. My aim is that the client feels heard and understood, and we can both use the whiteboard as a reference point if things have been misunderstood at any point. I have found that when I use the whiteboard, client-participants seem to exhibit more courage to correct or query something that may have been misinterpreted by me as the counsellor. It creates a safe place and a safe “non-expert” connection between the client-participants and me. This also helps build hope for client-participants; they see their outworking on the board for themselves. The board reflects and reinforces the mindset/tone/optimistic outlook of the conversation that is happening in the room between the counsellor and client-participant.

Subtheme: A co-constructed focus on what's already working?

“The perception that change is possible is a critical part of the SFBT processes that help client-participants change” (Kim & Franklin, 2015).

Step one: Co-constructing the personal value in a preferred future

Once client-participants were able to articulate what their preferred future, or best hopes, were, I noticed they appeared to need to have a feeling of ownership over the

difference they were aiming for. Before client-participants could comprehend taking steps towards their preferred future, they needed to believe in the value of the hopes they have for themselves:

Counsellor: So ... where does the drive and passion fit with that? ... because ... I'm curious to know.

Hannah: Well, I guess just knowing that if I wanna have a good ... like, if I wanna be ... faithful, and ... have stronger faith and a connection ... I know that that's what I should be doing.

Alicia: Um, so for me, I understood the value of hope a little bit quicker than some people might have ... using that show [Thirteen Reasons Why] ... as an example, she probably didn't know that ... there is more; I don't need to do this [suicide]. But, I feel like some people just don't understand the value of hope ...

Counsellor: ... Once you understand what the value is in it, then you can change?

Alicia: If not change, then you can make a decision that's better ...

Step two: Client-participants and counsellor focusing on strengths and instances of success

Part of the co-construction process is to help clients see what strengths they already have. This helps clients build more robust belief systems. As a therapist, if you have an inherent future focus, you will draw out client strengths, focusing on how clients are already successful (Hanton, 2011). By reflecting on past instances of success, clients are able to start believing in their preferred future, enabling their hope to grow:

Counsellor: Can you think of a time, ... at any point in your life, where there's been something you've needed to do more of ... doesn't have to be school, could be anything, and you've had to prioritize it, ... and you've had to almost sacrifice something else or shift the way you're doing something to make it happen. Can you think of a time where that's happened?

Step three: Client-participant and counsellor exploring when client-participants are already living their preferred future:

Alongside highlighting moments of success, acknowledging exceptions is another way to help clients believe in their hopes. Exceptions look at when clients are already living their preferred future and wondering how that might be incorporated into their situation now (Hanton, 2011). Ownership begins to develop when the therapist helps clients to recognize what it is they are doing in those moments when things aren't as bad, things that may be helpful. In the quote below, Alicia stated that things are better for her when she has organisation in her life:

Counsellor: Organisation ... you mentioned ... what does that lead to? You said it leads to ...

Alicia: Organisation, after I have organisation, I feel it could lead to ... um ... getting everything in order...

Step four: Using those strengths as a vehicle towards change

In Alicia's case, once she felt a perceived ownership, her hope in her ability to move towards her preferred future grew:

- Alicia: I knew I had hope, I just didn't know what it was there for ...*
- Counsellor: And now ... what would you say it's there for?*
- Alicia: (pause) ... we didn't talk about this at all, but I guess (pause), liking and trusting myself more, I guess.*
- Counsellor: In what ways?*
- Alicia: I guess it's really easy to say you'll do something, and to say that something will change, but if you don't take actions to ... um ... change ... it's not going to.*
- Counsellor: And I'm kind of hearing from what you're saying that the hope drives the action, a little bit?*
- Alicia: (nodding) You need to know it's there first though.*

Whilst we don't *manage* clients, co-constructing strengths by helping clients recognize previous moments of success is an important part of SFBT (Kim & Franklin, 2015). Maree and Fernandes (2003) discuss how language used by therapists can be "used as a vehicle for change in the future" (p. 502). In the following exchange, I intentionally use phrases with the words "*how did ...*", to encourage the client-participant to engage in thinking about their strengths in situations:

- Counsellor: How did you do that? How did you prioritize those things?*
- Alicia: Do you mean friends or ...*
- Counsellor: Oh, either. So you mentioned ... it's not even the reason behind it, but you mentioned you were able to prioritize ...*
- Alicia: ... Yup ...*
- Counsellor: ... friends or dance time. How were you able to do that?*

Alicia was then able to see that what had driven or motivated her previous instances of success was the basis of her hope, the drive of her preferred future and wanting things “back in order”:

Counsellor: Okay, so you ... cancelled other things ...

Alicia: Yup ...

Counsellor: Yup ... what helped you to have the ... ability to do that?

Alicia: (pause)

Counsellor: Does that make sense?

Alicia: Yeah, yeah, that makes sense. I’m just wondering (laughing) ... I know you’re meant to ask me this at the end of the question, but ... like ... hope, kind of, it was kinda just the fact that ... I was very hopeful that I wanted ... I wanted things back in order... and I was very driven by that.

It became clear that the four steps of investigating what’s already working were vitally important in increasing client-participant agency in working towards hope. Through the counsellor working in this way, we were able to see how focusing on strengths and, then, working towards the practicalities of what is already in client-participants “toolbox” can create a sense of hopefulness and, therefore, the *ability* to take steps towards their best hopes or preferred future.

Subtheme: Between-session goal setting

The previous section highlighted the importance of client-participants seeing the possibility of things being different. Alongside building client-participants’ senses of prior

accomplishments, it is important to note that goals are a favoured next step in the co-construction process of SFBT (Kim & Franklin, 2015). Below, Alicia describes that after working through the process above, having a goal would help her to focus on achieving or working towards her preferred future:

Alicia: ... And then after that, if I had ... a goal, I feel if everything else was balanced, I could focus on that goal and achieve it.

Counsellor: Ahh ... goal (using whiteboard), and a sense of achievement ...

Alicia: At the end of all that is literally hope. It's what ...

Counsellor: ... If you have a sense of achievement, it leads to hope.

Alicia: (nodding)

Below, the topic of goals was purposefully setup in conversation as a reflective moment for the client-participants at the end of the session, aiming to get them to summarize their thoughts and encouraging them to think of what it was that was particularly meaningful to them from our time together:

Counsellor: So what is it that you're gonna take away ... that you can look at from today; that's gonna be like "oh yeah"

Hannah: Um, I think ... well ... I think I should start small, I guess, if I'm gonna work on ... getting ... my faith and stuff ...

Counsellor: Okay, so for you, a goal would be [taking] small steps? ...

Hannah: ... Yeah, like maybe starting with podcasts and ... devotionals and stuff ...

My aim was not to set this up as a homework task but to hopefully inspire a helpful thought process to encourage their success in the session that has just been. As has been discussed in the literature, if client-participants have an initial successful experience of therapy, it could increase the likelihood of positive future therapeutic outcomes.

One of the last steps in the SFBT process is checking client-participants' perceived confidence in achieving their self-set goal for the week (with no judgement attached to the outcome):

Counsellor: How confident are you that you'd be able to do this one mini goal?

Alicia: I can write it down, but I don't know if ... I can 8/10 write it down, but I don't know if I can apply myself to do it.

Counsellor-researcher reflections on co-constructing ownership and increased agency in working towards hope:

When client-participants said things such as "I knew I had hope; I just didn't know what it was there for", I was automatically curious, interested to know more about their experiences. For example, I believe this curiosity gave Alicia permission to keep exploring the topic more. I believe using open-ended questioning and reflecting back what I heard was an encouraging and understanding response, one that potentially engaged a hopeful stance within her. This section of my findings emphasize both the natural and practical steps that a SFBT counsellor can work through in engaging with client-participants agency to work towards hope.

Summary of Findings

Through thematic analysis, I formulated my findings into what, I believe, is a clear and coherent qualitative study. As discussed above, separating the data of this study into two conditions of hope allowed the research to begin to take shape, making it much easier to begin to define clear themes and ideas from the client-participants. Once I had formally separated the *meanings* from the *process*, I was able to see the nuances in the data for what they were and not be overwhelmed by the sheer amount of information there was in this study.

In summary, hope has been described by participants as something that everyone has yet is a personally significant and unique preferred future. Having a point or direction increases the likelihood of feeling hopeful, and there will always be influences that shape and shift our perception of the world around us.

It's not our job as SFBT counsellors to track progress or manage what the client-participants are doing with their lives outside of our sessions. A key belief of SFBT counsellors is that client-participants have the skills to make their own choices. As discussed in the previous section, once students understand they *can* make choices, there is a renewed sense of empowerment in the making of decisions. This helps in their ability to problem solve future problems (Kim & Franklin, 2015).

As both the literature and my findings suggest, SFBT is an inherently hopeful model, which builds a strong therapeutic alliance between client and therapist because the therapist believes whole-heartedly in client-participants strengths. In conjunction with having a future focus and co-constructing new ways forward with client-participants,

formulating steps towards what it is client-participants want to change is, ultimately, assisting in the growth of hope.

CHAPTER 5 – Discussion

Discussion Introduction

This study investigated the conditions of hope emergence in adolescents, whilst working within an SFBT counselling framework. In this chapter, I discuss my topic and findings in relation to relevant literature, investigating SFBT as a process that allows hope to emerge. Specifically, I explore this model by looking at the hopeful assumptions reflected in therapy, the effect of forming a therapeutic alliance on the emergence of hopefulness and the importance of co-construction. I also look at hope as a personal preferred future, supported by client-participants' past successes and goals moving forward.

In the previous chapter, I outlined the two distinctive conditions of hope emergence (personal significance of hope and the solution-focused process towards hope) that evolved through my data (see Findings, p. 51). My findings demonstrate that hope is made up of a combination of elements. One's wishes, hopes and expectations alongside the strategies and ability to move towards a preferred future (as discussed in Snyder's hope theory) all have a part to play in its emergence (Snyder, Irving, & Anderson, 1991).

I also discuss the strengths and limitations of the study, personal implications of the research findings and possibilities for future research that have emerged from the study.

SFBT: The model of hope

Introduction

In this section, I link my findings to the literature on hope and SFBT, showing how using SFBT worked effectively as a model that enhanced the emergence of hope. SFBT has

been characterized as a method of counselling that is hopeful, embodying a non-pathological approach to therapy (Blundo et al., 2014). Within this model, counsellors aim to create an optimistic environment, not focusing on the cause of the problem but future possibilities for client-participants (Burwell & Chen, 2006). With a future focus being central to the SFBT model, counsellors aim to communicate a sense of hope to the client-participants through the co-construction process, which focuses on generating positive solutions (Burwell & Chen, 2006).

Although sometimes difficult to explicitly describe, hope plays a significant role within SFBT practice. One of the central presuppositions of SFBT is the expectation that change, or transformation, will occur (de Shazer, 1988). My findings showed how the hope of something being different was a key motivator for client-participants' agency to make shifts (see Findings, p. 80). In this case, Alicia was motivated by the hope of things being "back in order".

Blundo et al. (2014) state that hope thrives in a SFBT setting, due to a lack of passivity from the counsellor and clients, and what makes it different to other models is its focus on solutions (Adıgüzel & Göktürk, 2013). SFBT counselling is an inherently active therapeutic model, encompassing both the client and counsellor's involvement through the co-construction of conversations in session (see Findings, p. 75). Of course, all therapy uses verbal language, but collaborative therapists believe that language is not just a vehicle to discover, diagnose and fix problems within the client, but rather that solutions can be found through the time in therapy together (Heatherington & Johnson, 2019). One way of making this process easier and more accessible is by using the words that client-participants share in conversation when talking throughout sessions (Adıgüzel & Göktürk, 2013) and aiming to gain clarification of the client-participants' own meaning. My findings showed that by

repeating the words client-participants said, e.g., *“Organisation ... you mentioned ... what does that lead to? You said it leads to ...”* (see Findings, p. 78), I am showing the client-participant that I am paying attention to the detail of what it is they are sharing and, more importantly, encouraging the client-participant to further engage in how what they are sharing might be useful for them.

Future-orientated questions and a joint focus on desired outcomes generate hopefulness and, subsequently, possibilities for things to be different (Blundo et al., 2014). I discovered in my research that hope is an active process, with Blundo et al. (2014) explaining that it is often interpreted as “fluid”, able to infiltrate any aspect of a person’s life, even when suicidal. My findings showed that turning the focus towards desired outcomes or goals is a significant contributor in creating a sense of hope, encouraging a sense of direction or purpose for client-participants (see Findings, pp. 78-82). Blundo et al. (2014) suggests that as practitioners, by embracing the fluid nature of hope, we are able to enhance hopefulness and optimism for client-participants’ futures.

Hopeful assumptions in SFBT

Hope is the implicit expectation that things can be better than they currently are (Blundo et al., 2014). SFBT therapists believe that “solutions are made possible because change is ongoing’ (Burwell & Chen, 2006, p. 194). A belief of SFBT practitioners is that client-participants have strengths and abilities to work through their problems (Adıgüzel & Göktürk, 2013), and it is the counsellor’s job to curiously inquire as to what these strengths might be (see Findings, p. 77).

Reiter (2010) explained the importance of the positive emotion of hope in SFBT, saying, “The more that people expect a hopeful outcome, the more they will increase their

agency-type thinking and subsequently, their pathways thinking” (p. 136). As showed in my findings, the more client-participants expect a hopeful outcome, the more they will believe that they can solve their own problems and take courageous steps towards achieving this (see Findings, p. 61).

However, using techniques from SFBT without encompassing the underlying assumptions of the model isn’t overly effective (Wheeler, 2001). The use of SFBT techniques that encompass these motivational assumptions will help to create desired change in client-participants (Adıgüzel & Göktürk, 2013). The findings I have presented show that having a future focus, for example, is something that is expected from an SFBT counsellor and is used as a motivator *alongside* techniques to enable client-participants to move in their chosen direction. As shown in my findings, by seeing beyond the problem and discussing Alicia’s best hopes, I was working with the assumption that she had come to counselling wanting something to be different, therefore, my inquiry as to what would be happening if things *were* different (see Findings, pp. 71-72). All the while, my aim was to encourage a future focus, rather than focusing on the problems that she came in with.

Therapeutic alliance in therapy

Blundo et al. (2014) state the importance of the relationship built with client-participants, with rapport building and forming a partnership being key elements of therapy. It is said that if there is a sense of collaboration between the counsellor and client, it removes the barrier that is adult control (S. Riley, 1999). Another way to remove this barrier is to acknowledge clients’ experiences to express understanding of their situation (Lethem, 2002).

My findings showed the importance of relationships and the influence this can have on client-participants' agency moving forward. For example, Hannah describes how feeling connected to her counsellor and experiencing a positive relationship helped her to envisage and subsequently *believe* in her best hopes for the future (see Findings, pp. 66-67).

Ultimately, connection creates buy in from client-participants, where they feel they can equally participate without being "talked down" to (S. Riley, 1999). S. Riley (1999) also believes that adolescents will be more likely to connect to a therapist if they have an initial experience that is positive. This will lead them to be able to re-enter for a second session and build on their skills to move forward. In my study, it was revealed that, ultimately, youth want to have confidence in the decisions they make, and sometimes client-participants struggle to locate hope (see Findings, pp. 58-59). It seems that counselling can act as a motivating stimulant in helping client-participants work towards their goals (Reiter, 2010), in turn, increasing hopefulness moving forward. Hannah said that being able to talk things through, and having someone who she felt understood her, made her intentions for her preferred future clearer (see Findings, p. 67).

It has also been discussed in the literature that when a therapeutic alliance is compromised, trust decreases and there is likelihood that a client-participant will be less likely to commit to making changes moving forwards (Bartholomew, Gundel, & Scheel, 2017). This is similar to my findings. Client-participants shared how feeling disconnected or misunderstood leads to there being less chance they would be able to work towards their preferred future or the goals that they have set for themselves (see Findings, pp. 63-65).

Other interpersonal influences on hope

Bennett et al. (2014) found that a sense of belonging and care from others were strong predictors of hope. My study showed that client-participants' hope decreased when they felt discouraged by those they see as "big people" in their lives (see Findings, p. 65). McDavid, McDonough and Smith (2015) state that positive input into adolescents can enhance their perceptions of themselves. This was certainly a key finding in this study, with a sense of connection raising client-participants' hopefulness that things could get better (see Findings, p. 67). Larsen et al. (2005) state that when adolescents are reminded how much they matter to someone, and that they have a place to be heard, hope grows. My study supports this notion that working with the individualized needs of the client-participants and their personalised goals builds the therapeutic alliance in counselling, and this enhances hope (Bartholomew, Scheel, & Cole, 2015, as cited in Bartholomew et al., 2017).

It is believed that while hope comes from within the individual, it can be expressed through relationships (Blundo et al., 2014). In my findings, there was indication of the influence others can have. While family is still important for client-participants, adolescence is a period of life when other influences outside the home begin to have an impact (Bennett et al., 2014). Research shows fitting in, a sense of belonging within their peer groups and knowing they matter influence motivation (Hamby et al., 2019). The influence was shown in this study as being a struggle to balance the demands of having a social life and respecting parents' desires, while still succeeding in school (see Findings, pp. 62-63). What was evident in this study was adolescents' need for "permission" from the ones they love in order to develop autonomy. When relationships are strained or client-participants are met with perceived resistance, their hope decreases (see Findings, p. 64).

The importance of co-construction

Hope can be both an implicit and explicit process that evolves from SFBT's techniques and underpinnings (Blundo et al., 2014). There is a difference between having hope and actively hoping for something. My research shows that having hope is generated from the belief systems we have, whilst the "work of hoping" is incorporating these beliefs and engaging in the process of moving forward (see Findings, pp. 71-74). The belief systems that underpin SFBT align with actively hoping towards a goal or purpose at every stage of the therapy process (Lethem, 2002). My findings showed that this was certainly the case with my client-participants, who stated that both their personal beliefs of hope (having a purpose, etc) and the environment around them shaped their levels of hopefulness (see Findings, pp. 57, 71-72). Through the process of our SFBT sessions, we were able to incorporate their beliefs into moving towards what it was they were wanting for their preferred future.

Research suggests that there is a sense of hopefulness that automatically appears when clients and counsellors share the goal of the clients' desired future or outcome (Blundo et al., 2014). Breznitz (1986) states that when there is commitment to this process by both parties, client-participants have a much higher chance of experiencing the emergence of hope (as cited in Lopez et al., 2003) (see Findings, p. 71).

Some counsellors may choose to think of hope as always present, just waiting to be found (Parkins, 2004, as cited in Larsen et al., 2007). This is similar to one of the core beliefs of SFBT, the assumption that client-participant's already have tools to move in their desired direction, that it is just a process of developing/revealing those skills (Hanton, 2011). From this vantage point, hope in counselling becomes a process of uncovering seeds that are assumed to have always been present for client-participants (Parkins, 2004, as cited in

Larsen et al., 2007). My findings showed that by highlighting client-participants' skills, they are able to see what they have *already* achieved in the past. This then enhances the co-construction process in therapy of utilizing these strengths to work towards their preferred future or outcome in their current situation (see Findings, pp. 77-80). This co-construction is not only referring to the process that happens in counselling but also the shared experience of hope between counsellor and client-participant. My findings showed that inviting client-participants to talk about what lies ahead for them enhances the levels of hope the counsellor has *for* their clients as well as the client-participants levels of hope (see Findings, p. 71). This results from the counsellor showing curiosity about the possibilities of the client-participants' preferred future (Larsen et al., 2007).

Hope is a personal preferred future

Hope is not an easy topic to discuss due to its elusive nature (Blundo et al., 2014). Scioli and Biller (2009) explain hope's similarity to trust and faith, as qualities that can be difficult to articulate in a way that is generalized for all. This came through in my findings, with client-participants stating the personal nature of hope and the difficulty of pinpointing where their hope lies sometimes (Findings. p. 58). Hope has been described as something that we have and, subsequently, "do" from birth (Erikson, 1966), stemming from our basic longings as human beings (Scioli & Biller, 2009, as cited in Blundo et al., 2014). The client-participants in this study also highlighted their belief that you are "born with it" when discussing their personal understandings of hope (see Findings, pp. 57-58). Stephenson (1991) describes hope as aiming for a fulfilling future, something that is personally meaningful (as cited in Larsen et al., 2007). The aim of the process of SFBT is to build client-

participants' capacity to envisage a future for themselves or their loved ones (Scioli & Biller, 2009, as cited in Blundo et al., 2014).

Previous literature suggests that all client-participants present to counselling with varying degrees of hope for change that can then be influenced by the therapeutic process (Bartholomew et al., 2017). A core belief of SFBT is in order to build a successful therapeutic experience, you must inquire where the client wants to go (Lethem, 2002).

The aim of identifying a preferred future is to help client-participants have hope in their own direction or envisage what it is they would like to be different in their lives (Lethem, 2002). My data also highlighted the importance of client-participants' personal understanding of their hope's value or purpose. They not only wanted to *see* a preferred future, they also felt the need to have ownership over what it was they were hoping *for* (see Findings, pp. 74-76).

Instances of success

Larsen et al. (2005) would suggest that although there is a part of human beings that is inherently hopeful, in today's world, we aren't always able to see the hope that is around us. She suggests that it would be beneficial for people to be able to rebuild the habit of actively seeking out hope – even when it isn't obvious. Being able to embrace the opportunities of hope in its many forms in our lives is vitally important and can help build towards client-participants identification of a preferred future (Larsen et al., 2005).

Larsen et al. (2005) also discuss the nuances of hope, and how as both therapists and participants of therapy, we can sometimes miss the small instances of hope that shine through, even in the direst of circumstances. My research suggested that this was the case,

with client-participants often describing hope as something that is “hard to find” (see Findings, p. 58)

Because SFBT therapists believe that there are times when the client-participants’ problems aren’t present (Adıgüzel & Göktürk, 2013), one of the elements of the therapeutic process is highlighting “instances of success”, moments when client-participants have managed well or things were successful (Wheeler, 2001). SFBT conversations enable client-participants to gain a sense of competence. Reiter (2010) discusses that if client-participants can hold hope for something to be different through a sense of prior success, their agency to take steps to move forward increases. My findings showed that exploring with client-participants when and how they are already living their preferred future highlights client-participants’ agency and provides evidence of skills that can be drawn on and may be helpful for future difficult situations that arise (see Findings, pp. 78-80). By using tools within the SFBT framework, counsellors are helping to integrate hope naturally throughout the process, which becomes a vital part of the therapy (Blundo et al., 2014).

Reflection and between-session goal setting

From a SFBT perspective, an experience of hopefulness comes from a change in perspective towards possibilities for the future (Stotland, 1969). Recalling previous success helps to increase client-participants’ agency (Cheavens, Feldman, Woodward, & Snyder, 2006, as cited in Reiter, 2010), allowing them to take steps towards their desired goals (Blundo et al., 2014).

In SFBT, goals or aims direct every stage of the therapeutic process (Lethem, 2002). In this study, I focused on personalized between-session goals, based on what it was that client-participants found helpful or useful from the session (Adıgüzel & Göktürk, 2013). This

was highlighted as we moved towards the end of a session and discussed looking forward to the next (see Findings, 80-82).

Bennett et al. (2014) believe that having practical goals reflects a future orientation, and vice versa, where thinking in a forward-focused way influences a person's motivation to achieve their goals. When hope is based upon a practical, specific and concrete goal, then it is about envisioning our desired outcomes (Blundo et al., 2014). My findings showed how providing a forum where client-participants can reflect on what they had learnt for themselves (Findings, pp. 66-67) helped them to form the link between hopefulness and goal setting (Reiter, 2010).

Snyder (2005) provides a step-by-step guide to the "goaling" process in his hope theory. While this is a very clinically laid out process, there are elements that connected with my findings, such as setting goals that client-participants care about (see Findings, pp. 80-82). There is much more chance of achieving a goal if there is a personal connection to the goal itself (Cheavens et al., 2006, as cited in Reiter, 2010), with Stotland (1969) adding that the level of hope one has is determined by how important the goal is to client-participants' and the perceived probability that they may achieve the goal. If enough importance is attached to the goal, then hope is ignited, increasing the hope in the goal and future thinking towards the goal (Stotland, 1969, as cited in Lopez et al., 2003). Goal achievement results in a feeling of competency, which makes it more likely a client-participant would attempt to work towards goals in the future (Bennett et al., 2014).

My findings highlighted how important it is to have goals, especially once a preferred future or direction has been established (see Findings, p. 81). Wheeler (2001) discusses how one's goals don't have to be big. Just creating a goal and taking steps towards it begins a cycle of resolving one's problems (Wheeler, 2001). This was shown in my findings, where

both client-participants described that while having a goal was vitally important in providing practical steps forward, making the goals achievable, by starting small, is also just as important (see Findings, p. 81).

Discussion Summary

Both the literature and my findings would suggest significant links between adolescents, hope and SFBT. As this study was aimed specifically at adolescent clients, I am aware it cannot be generalized for all demographics. However, both the literature and my study showed the importance for adolescents of having a connection with adults or older important figures in their lives. My research shows that the developmental need to gain approval from others is unique to adolescents, and while it could still be present in other demographics, this need for approval makes my findings unique to the specific context of hope in this study.

The research I discuss in this study suggests that positive input into adolescents is crucial during this particularly vulnerable developmental stage. For adolescents, particularly, connection and trust are built through positive interactions, where they do not feel belittled. This provides a safe space (in adolescents' eyes) and is perceived as permission from older figures for adolescents to develop autonomy – and a sense of freedom. Specifically, SFBT provides a safe space for clients, with the underlying philosophy being co-constructing the sessions together (between counsellor and client). The idea of co-construction may be a foreign concept to adolescents who are new to the SFBT experience. There are multiple reasons for this, for instance, adult therapists have been historically seen as authority figures who are not wanting to gain adolescents' opinions in therapy. Co-construction may also be foreign to adolescents since historically, more "traditional" modes of therapy have been prevalent in society. This study showed that through the co-construction process of SFBT, hope emerges for adolescents because they are not seen as needing serious fixing. This reassures them that change and working towards what *they* hope for is possible. What was also

highlighted in this study was that this hopeful stance is also likely to increase the chances of clients being able to make their desired change.

The above findings significantly contribute to future literature in exploring the emergence of hope through adolescents taking part in SFBT. For example, from looking at the adolescents in this study specifically, there are key indicators of what can increase, decrease and have an impact on the emergence of hope itself. Both this study and previous literature would suggest that part of facilitating this emergence of hope happens through facilitating client-participants' belief in their agency/ability to take steps towards what they described (in SFBT sessions) as their hope or preferred future. As previously discussed, a key aspect of SFBT is the co-construction of client-participants' agency to work towards their own personal, desired goals. The research supports this, saying that building agency during adolescence helps to increase resilience and hope in young people (Bennett et al., 2014).

Strengths and Limitations of the Study

One strength that was a crucial part of the recruitment and data collection phase of this research was that I had previously worked (and was currently working at the time of the research) as a counsellor in the study context. This was a strength because I had already built positive rapport amongst students and staff within this school, making it easier to approach assemblies to advertise and making it more likely for young people to be curious about the study. I knew the systems of this school and the student requirements and timetables, making it easier when organising times to meet with students. It also provided flexibility for data collection, as the sessions used in the study were incorporated into a "normal" day of counselling students. This also enhanced the trustworthiness of the study, with students having seen me at school before – I wasn't someone completely foreign and unknown in their context.

I worked hard to build trust and a strong therapeutic alliance with client-participants through showing empathy and understanding and affirming their hopes moving forward. This played a role in what I consider an effective co-construction of sessions, where emphasis was given to the client-participants' view of their situation – while I took a non-expert stance as the researcher/counsellor. Two recording devices were used per session as a dual way of gathering data. Reflexivity also played an important role in assessing myself in the dual roles of researcher/counsellor and allowed me to make changes between sessions, when necessary. All of these things enhanced the methodological process of this study. I was also transparent with client-participants from the beginning of the research process (building trustworthiness in the eyes of the client-participant) and held myself consistently accountable throughout my research, through reflexively reviewing my practices as I went, not only independently but also with my supervisor.

It is also important to consider the limitations of this study. This research provides a fine-grained analysis of the key conditions of hope emergence, through a series of counselling sessions with two clients. Within the particular time and context of the study, there were two adolescent clients, both non-New Zealanders and both female. Since this study was limited to students at the school where I was conducting my research, further studies would benefit from a broader client-participant pool. There would also be value in assessing whether different ethnic backgrounds affect the emergence of hope in adolescents. I was disappointed no males volunteered to take part. It would be valuable to explore gender in future studies to further develop the depth of knowledge in this area.

My relative newness to the field of SFBT meant I was conducting the research from my own knowledge base as a relatively new counsellor. I was the sole researcher in this study and have embraced subjectivity within my findings. I brought my own socially

constructed views into the counselling room, both as a researcher and a counsellor. As a researcher, hope was a preconceived topic of interest for me for these counselling sessions. The questions asked of client-participants at the end of the study would not normally be asked in a “typical” counselling session. Because the topic of hope already had personal meaning to me prior to conducting this study (even if subconsciously), this needs to be considered, as with any qualitative study involving a subjective topic, since reliability is not often quantifiable. While my findings are not generalizable or quantifiable, by putting measures in place (such as accountability, robust supervision and self-reflection), I have attempted to enhance the trustworthiness of the study’s results.

Because of the nature of the study, client-participants also chose to come to therapy because of their own interest in the topic of hope in counselling. The organized topic possibly provided preconceived ideas or expectations from client-participants coming to counselling. Just the act of students signing up for the study shows that there was already (some) motivation for things to be different. I wonder if hope may have evolved differently throughout our sessions if students didn’t already have information that sessions would be about hope. The client-participants that took part in the research were well equipped with prior knowledge of the essence of our sessions together. I wonder if working with students with no agenda whatsoever would have led to client-participants who presented with less hope, or less motivation to think about or discuss where their hope lies. This presented some interesting dilemmas for me (and will for future researchers), including how to creatively remove or limit bias as much as possible from a study, whilst also keeping ethical and moral obligations to client-participants. Even at the conclusion of this research, I still struggle with the concept of balancing these two things.

Implications of the Study

Conducting this study allowed me to reflect on my own general practice as a counsellor and understand the personal nature of hope. It also allowed me to conceptualize the hope of my client-participants within a SFBT framework and my areas of strength/weakness in using the model. I was able to investigate personal aspects of life that are important to adolescents throughout this study. This study has taught me the importance of connecting with my adolescent clients and the power of co-constructing what their desired hopes are *with* them. This study has also reinforced my belief in coming from a non-expert stance as a counsellor, which is something that I continue to practise every time I work with clients. My hope in exploring my own practice is that what I have learnt will continue strengthen my counselling skills and help to inform the types of practices I will engage in in the future. I also hope this knowledge will be shared, and that future practitioners can learn tools and innovative ways to improve and encourage their own practice from this study. The aim is to highlight skills and different ways that counsellors can explicitly integrate a hopeful stance and foster hope in young people in their SFBT practice.

In this study, SFBT wasn't used with the aim of measuring hope. A large proportion of previous research focuses on hope from a theoretical point of view, aiming to measure hope (Snyder, 1995). By contrast, this study is much more experiential and based on a combination of exploring client-participant agency and the routes they may take towards their desired goals, all whilst assuming the influence of personal beliefs. Hope can be hard to measure because it tends to rest within a social constructionist framework, often influenced by the social context (Averill, Catlin, & Chon, 1990, as cited in Snyder, 1995). This had led to hope being seen as superficial in previous research, seeming like a "momentary

good feeling” (Blundo et al., 2014, p. 59) that can come and go quickly. An important contribution to this study is what I have learnt and observed from partaking in (and conducting) the research. Key points for practitioners that I have learnt from this study are as follows:

- 1) Hope is constantly forming and changing – it is not a fixed “thing” that can be applied to someone.
- 2) Hope looks different for each individual person. As SFBT counsellors, it is our job to work towards what clients describe as what they have hope in and hope for.
- 3) As counsellors, it is best that we work with the mindset that hope is the client’s preferred future. When using SFBT techniques that incorporate (or work with) that mindset, hope will follow.
- 4) Co-construction is key when working with adolescents and focusing on the emergence of hope. Remember that it is their preferred future not ours.
- 5) The emergence of hope is not only about finding out about where a client’s hope lies but also about assisting in designing achievable routes to help clients get to where they want to be. It’s important to consider what might influence this plan? Are there positive or negative influences?

Possibilities for the Research Moving Forward

Although conceptualizations of hope may differ among scholars, there is a general consensus in the need for hope in counselling, suggesting that counsellors can inspire hope for positive change (Larsen et al., 2007). This study provides increased knowledge and, therefore, increased research interest in literature about the individualized nature of hope and how it can explicitly evolve in SFBT with adolescents. Snyder, Irving and Anderson

(1991) question whether hope is defined by feelings or values. They believe this may allow for unrealistic expectations to form, as hope is a “provocative force that impels an individual to move through psychological problems” (Lopez et al., 2003, p. 93). While hope theory plays an important role in providing a cohesive understanding of hopefulness, Snyder, Irving and Anderson (1991) also acknowledge the belief that this theory of goal-directed behaviour includes both self-efficacy, goal-setting expectations and external forces. They state that both Bandura’s “reliance on self-efficacy” (Snyder, Irving, & Anderson, 1991) and expectation of an outcome (Scheier & Carver, 1987, as cited in Snyder, Irving, & Anderson, 1991) fail to take into consideration other potential forces on hope, such as faith and the influences of others. This was explored in my findings through both client-participants’ discussions about their experiences of the expectations of others and their descriptions of the impact these expectations had on their hope (see Findings, p. 63)

It would be useful for future studies to focus less on measurable outcomes and more on empirical research in relation to hope. This was evident through my own methodology for this research, with my taking a post-modern, practiced-based approach. To consider incorporating the importance of individualized meaning and connecting with Snyder’s process of hope would be hugely beneficial when looking at hope evolution in young people and SFBT.

Conclusion

In conclusion, this study focused on the questions:

1. What does hope *mean* for client-participants?
2. How does hope emerge for client-participants in their lives and through the SFBT process?

It became clear very early on in the process of this study that while investigating the therapeutic tools that encourage hope to develop was important, building an understanding of the individualized nature of hope *alongside* these techniques was going to be equally as important. Client-participants expressed that their hope came from having a vision, direction or purpose in terms of where they'd like to go in the future. They explained how there are always choices for this vision and that they struggle with what a vision might look like for them personally. The influences of other people have an impact on the levels of hope a person feels – and hope can vary from day to day, person to person, situation to situation. Hope is unique, intricately personal, and yet, everyone can have it.

This research adds to the existing, and somewhat limited, amount of research on the explicit uses of SFBT in assisting the emergence of hope. This research has reinforced that in doing SFBT, the underpinnings (such as having a future focus and counsellors taking a non-expert stance) are just as important as the techniques used. They work in conjunction with each other to provide a richer and more accessible framework of therapy for client-participants. These underpinnings naturally create a hopeful stance and are complimented through specific techniques (such as instances of success or highlighting client strengths) to help client-participants work towards their goals. Client-participant agency has been shown (for my adolescent clients) to be influenced by others, and the likelihood of someone working towards their preferred future can be enhanced (in SFBT) by developing clear and achievable goals moving forward – no matter how small. The aim of SFBT counselling conversations is to help encourage (or co-construct) client-participants' agency in the direction they choose (Heatherington & Johnson, 2019). Thus, the SFBT process created by solution-focused questioning generates a sense of agency and possibilities and, therefore, hope (Blundo et al., 2014).

In post-session reflections, my aims were to inquire about the therapy process, find out what it was that may have helped my clients thrive and build client-participants own sense of connection to their learning about their own situations. Through authentic relationships being built in therapy, counsellors will be helping client-participants to have a deeper understanding of their own situation and the unique way in which they see the world (Heatherington & Johnson, 2019).

References

- Adıgüzel, İ. B., & Göktürk, M. (2013). Using the solution focused approach in school counselling. *Procedia: Social and Behavioral Sciences*, 106, 3278–3284.
doi:10.1016/j.sbspro.2013.12.378
- Alhojailan, M. I. (2012). Thematic Analysis: A critical review of its process and evaluation. *West-East Journal of Social Sciences*, 1(1), 39–47.
- Anderson, H. (2005). Myths about “not-knowing”. *Family Process*, 44(4), 497–504.
doi:10.1111/j.1545-5300.2005.00074.x
- Bager-Charleson, S. (2014). *Doing practice-based research in therapy: A reflexive approach*. Los Angeles, CA: Sage.
- Bartholomew, T. T., Gundel, B. E., & Scheel, M. J. (2017). The relationship between alliance ruptures and hope for change through counseling: A mixed methods study. *Counselling Psychology Quarterly*, 30(1), 1–19. doi:10.1080/09515070.2015.1125853
- Bennett, A., Wood, D., Butterfield, R., Kraemer, D., & Goldhagen, J. (2014). Finding hope in hopeless environments. *International Journal of Child Health and Human Development*, 7(3), 313–324.
- Birch, M., & Miller, T. (2000). Inviting intimacy: The interview as therapeutic opportunity. *International Journal of Social Research Methodology*, 3(3), 189–202.
doi:10.1080/13645570050083689
- Blundo, R., Bolton, K., & Hall, C. (2014). Hope: Research and theory in relation to solution-focused practice and training. *International Journal of Solution-Focused Practices*, 2(2), 52–62. doi:10.14335/ijfsp.v2i2.22

- Boden, Z. V. R., Gibson, S., Owen, G. J., & Benson, O. (2016). Feelings and intersubjectivity in qualitative suicide research. *Qualitative Health Research*, 26(8), 1078–1090.
doi:10.1177/1049732315576709
- Bond, T. (2004). Ethical guidelines for researching counselling and psychotherapy. *Counselling & Psychotherapy Research*, 4(2), 10–19.
doi:10.1080/14733140412331383893
- Bozeman, B. N. (1999). *The efficacy of solution-focused therapy techniques on perceptions of hope in clients with depressive symptoms* (UMI No. 9962134)[Doctoral dissertation, New Orleans Baptist Theological Seminary]. ProQuest Dissertations and Theses.
- Brasher, K. L. (2009). Solution-focused brief therapy: Overview and implications for school counselors. *Alabama Counseling Association Journal*, 34(2), 20–30.
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77–101. doi:10.1191/1478088706qp063oa
- Braun, V., & Clarke, V. (2013). *Successful qualitative research: A practical guide for beginners*. London, England: Sage.
- Burr, V. (1995). *An introduction to social constructionism*. London, England: Routledge.
- Burwell, R., & Chen, C. P. (2006). Applying the principles and techniques of solution-focused therapy to career counselling. *Counselling Psychology Quarterly*, 19(2), 189–203.
doi:10.1080/09515070600917761
- Candy, L. (2006). Practice based research: A guide. *Creativity and Cognition Studios Report*, 1, 1–19.
- Carter, S. M., & Little, M. (2007). Justifying knowledge, justifying method, taking action: Epistemologies, methodologies, and methods in qualitative research. *Qualitative Health Research*, 17(10), 1316–1328.

- Collins, S., Arthur, N., & Wong-Wylie, G. (2010). Enhancing reflective practice in multicultural counseling through cultural auditing. *Journal of Counselling & Development, 88*, 340–347.
- Creswell, J. W. (2007). *Qualitative inquiry & research design: Choosing among five approaches* (2nd ed.). Thousand Oaks, CA: Sage.
- Creswell, J. W. (2013). *Qualitative inquiry & research design: Choosing among five approaches* (3rd ed.). Los Angeles, CA: Sage.
- Cromby, J. (2012). Feeling the way: Qualitative clinical research and the affective turn. *Qualitative Research in Psychology, 9*(1), 88–98. doi:10.1080/14780887.2012.630831
- Crowe, A. (2014). Guidance and counseling in Aotearoa, New Zealand, secondary schools: Revisiting the issues. *Journal of Asia Pacific Counseling, 4*(2), 199–215.
doi:10.18401/2014.4.2.10
- Cushman, P., Clelland, T., & Hornby, G. (2011). Health-promoting schools and mental health issues: A survey of New Zealand schools. *Pastoral Care in Education, 29*(4), 247–260.
doi:10.1080/02643944.2011.626066
- Daki, J., & Savage, R. (2010). Solution-focused brief therapy: Impacts on academic and emotional difficulties. *The Journal of Educational Research, 103*(5), 309–326.
doi:10.1080/00220670903383127
- de Shazer, S., Berg, I. K., Lipchik, E. V. E., Nunnally, E., Molnar, A., Gingerich, W., & Weiner-Davis, M. (1986). Brief therapy: Focused solution development. *Family Process, 25*(2), 207–221.
- de Shazer, S. (1988) *Clues: Investigating solutions in brief therapy*. New York: W.W. Norton.

Erickson, M. H. (1954). Pseudo-orientation in time as an hypnotherapeutic procedure.

Journal of Clinical and Experimental Hypnosis, 2(4), 261–283.

doi:10.1080/00207145408410117

Erikson, E. H. (1966). *Insight and responsibility: Lectures on the ethical implications of*

psychoanalytic insight. London, England: Faber.

Fine, S. B. (1991). Resilience and human adaptability: Who rises above adversity? *American*

Journal of Occupational Therapy, 45(6), 493–503.

Fleet, D., Burton, A., Reeves, A., & DasGupta, M. P. (2016). A case for taking the dual role of

counsellor-researcher in qualitative research. *Qualitative Research in Psychology*,

13(4), 328–346. doi:10.1080/14780887.2016.1205694

Franklin, C., Zhang, A., Froerer, A., & Johnson, S. (2017). Solution focused brief therapy: A

systematic review and meta-summary of process research. *Journal of Marital and*

Family Therapy, 43(1), 16–30. doi:10.1111/jmft.12193

Gallagher, M. W., & Lopez, S. J. (2009). Positive expectancies and mental health: Identifying

the unique contributions of hope and optimism. *The Journal of Positive Psychology*,

4(6), 548–556. doi:10.1080/17439760903157166

Gerard, J. M., & Booth, M. Z. (2015). Family and school influences on adolescents'

adjustment: The moderating role of youth hopefulness and aspirations for the

future. *Journal of Adolescence*, 44, 1–16. doi:10.1016/j.adolescence.2015.06.003

Guest, G., MacQueen, K. M., & Namey, E. E. (2012). *Applied thematic analysis*. Thousand

Oaks, CA: Sage.

Hamby, S., Taylor, E., Smith, A., Mitchell, K., Jones, L., & Newlin, C. (2019). New measures to

assess the social ecology of youth: A mixed-methods study. *Journal of Community*

Psychology, 47(7), 1666–1681. doi:10.1002/jcop.22220

- Hansen, J. T. (2006). Counseling theories within a postmodernist epistemology: New roles for theories in counseling practice. *Journal of Counseling & Development*, 84(3), 291–297.
- Hanton, P. (2011). *Skills in solution focused brief counselling & psychotherapy*. London, England: Sage.
- Harrison, J., MacGibbon, L., & Morton, M. (2001). Regimes of trustworthiness in qualitative research: The rigors of reciprocity. *Qualitative Inquiry*, 7(3), 323–345.
doi:10.1177/107780040100700305
- Hart, N., & Crawford-Wright, A. (1999). Research as therapy, therapy as research: Ethical dilemmas in new-paradigm research. *British Journal of Guidance & Counselling*, 27(2), 205–214. doi:10.1080/03069889908256265
- Harter, S., & Whitesell, N. R. (2003). Beyond the debate: Why some adolescents report stable self-worth over time and situation, whereas others report changes in self-worth. *Journal of Personality*, 71(6), 1027–1058. doi:10.1111/1467-6494.7106006
- Hartup, W. W., & Stevens, N. (1997). Friendships and adaption in the life course. *Psychological Bulletin*, 121(3), 355–370. doi:10.1111/1467-8721.00018
- Haynes, S. N., Mumma, G. H., & Pinson, C. (2009). Idiographic assessment: Conceptual and psychometric foundations of individualized behavioral assessment. *Clinical Psychology Review*, 29(2), 179–191. doi: <https://doi.org/10.1016/j.cpr.2008.12.003>
- Heatherington, L., & Johnson, B. (2019). Social constructionism in couple and family therapy: Narrative, solution-focused, and related approaches. In B.H. Fiese (Ed.), *APA handbook of contemporary family psychology: Foundations, methods, and contemporary issues across the lifespan, Vol. 1* (pp. 127–142). Washington, DC: American Psychological Association.

- Hermansson, G. L., & Webb, S. B. (1993). Guidance and counselling in New Zealand: Weathering a decade of transformation. *International Journal for the Advancement of Counselling*, 16(3), 213–227. doi:10.1007/bf01407847
- Holyoake, D.D., & Golding, E. (2010). The “uncanny sense of self”, solution focused practice and a theoretical re-thinking of 'the self' in psychotherapy 1. *Asia Pacific Journal of Counselling and Psychotherapy*, 1(1), 87–96. doi:10.1080/21507680903570276
- Johns, C. (2017). *Mental health and wellbeing in New Zealand education*. Retrieved from <http://canterbury.summon.serialssolutions.com>
- Jones-Smith, E. (2016). *Theories of counseling and psychotherapy: An integrative approach* (2nd ed.). Thousand Oaks, CA: Sage.
- Kadosh, K. C., Linden, D. E. J., & Lau, J. Y. F. (2013). Plasticity during childhood and adolescence: Innovative approaches to investigating neurocognitive development. *Developmental Science*, 16(4), 574–583. doi:10.1111/desc.12054
- Keogh, B. (2018, March 31). Canterbury earthquakes: Kids born after disaster inheriting trauma from parents through DNA, schools dealing with more behaviour issues. *NZ Herald*. Retrieved from https://www.nzherald.co.nz/nz/news/article.cfm?c_id=1&objectid=12022751
- Kim, J. S., & Franklin, C. (2009). Solution-focused brief therapy in schools: A review of the outcome literature. *Children and Youth Services Review*, 31(4), 464–470. doi:10.1016/j.childyouth.2008.10.002
- Kim, J. S., & Franklin, C. (2015). Understanding emotional change in solution-focused brief therapy: Facilitating positive emotions. *Best Practices in Mental Health: An International Journal*, 11(1), 25–41.

- Kondrat, D. C., & Teater, B. (2012). Solution-focused therapy in an emergency room setting: Increasing hope in persons presenting with suicidal ideation. *Journal of Social Work, 12*(1), 3–15. doi:10.1177/1468017310379756
- Lachman, M. E., & Burack, O. R. (1993). Planning and control processes across the lifespan: An overview. *International Journal of Behavioural Development, 16*(2), 131–143. doi:10.1177/016502549301600203
- Larsen, D., Edey, W., & M. LeMay, L. (2005). Put hope to work: A commentary. *Journal of Advanced Nursing, 52*(5), 515–517. doi:10.1111/j.1365-2648.2005.03614.x
- Larsen, D., Edey, W., & LeMay, L. (2007). Understanding the role of hope in counselling: Exploring the intentional uses of hope. *Counselling Psychology Quarterly, 20*(4), 401–416. doi:10.1080/09515070701690036
- Lethem, J. (2002). Brief solution focused therapy. *Child and Adolescent Mental Health, 7*(4), 189–192. doi:10.1111/1475-3588.00033
- Lopez, S. J., Snyder, C. R., & Pedrotti, J. T. (2003). Hope: Many definitions, many measures. In S. J. Lopez & C. R. Snyder (Eds.), *Positive psychological assessment: A handbook of models and measures* (pp. 91–106). Washington, DC: American Psychological Association.
- Lutz, A. B. (2017). Solution-focused therapy. *Journal of the American Academy of Child & Adolescent Psychiatry, 56*(10), S24–S24. doi:10.1016/j.jaac.2017.07.097
- Maguire, M., & Delahunt, B. (2017). Doing a thematic analysis: A practical, step-by-step guide for learning and teaching scholars. *AISHE-J: The All Ireland Journal of Teaching and Learning in Higher Education, 9*(3).

- Maree, J. G., & Fernandes, M. P. J. (2003). The impact of emotional intelligence on solution-focused therapy with an adolescent. *Early Child Development and Care*, 173(5), 499–508. doi:10.1080/0300443032000086908
- McDavid, L., McDonough, M. H., & Smith, A. L. (2015). An empirical evaluation of two theoretically-based hypotheses on the directional association between self-worth and hope. *Journal of Adolescence*, 41, 25–30. doi:10.1016/j.adolescence.2015.02.007
- McDonald, L. (2018, November 30). Health effects of Canterbury earthquakes “like a wartime recovery”. *Stuff.co.nz*. Retrieved from <https://www.stuff.co.nz/national/health/108978391/health-effects-of-canterbury-earthquakes-like-a-wartime-recovery>
- McKergow, M. (2016). SFBT 2.0: The next generation of solution focused brief therapy has already arrived. *Journal of Solution Focused Brief Therapy*, 2(2), 1–17.
- McKergow, M., & Korman, H. (2009). Inbetween—Neither inside nor outside: The radical simplicity of solution-focused brief therapy. *Journal of Systemic Therapies*, 28(2), 34–49. doi:10.1521/jsyt.2009.28.2.34
- Mills, J. (2016). Review of solution-focused brief therapy with the LGBT community: Creating futures through hope and resilience by Rebekka Ouer. *Issues in Mental Health Nursing*, 37(5), 383–383. doi:10.3109/01612840.2016.1174320
- Neimeyer, R. A. (1998). Social constructionism in the counselling context. *Counselling Psychology Quarterly*, 11(2), 135–149. doi:10.1080/09515079808254050
- New Zealand Association of Counsellors (NZAC). (2016). Code of ethics: A framework for ethical practice. Retrieved from <https://www.nzac.org.nz/ethics/code-of-ethics/>

- Phipps, D. (2019). *The miracle of the miracle question : How a novice counsellor uses the solution-focused miracle question with secondary school students*. Christchurch, New Zealand: University of Canterbury.
- Redmond, A. (2018). Mental health service for Canterbury schools receives 500+ requests in seven months. *Stuff.co.nz*. Retrieved from <https://www.stuff.co.nz/national/education/108928382/mental-health-service-for-canterbury-schools-receives-500-requests-in-seven-months>
- Reiter, M. (2010). Hope and expectancy in solution-focused brief therapy. *Journal of Family Psychotherapy*, 21(2), 132–148. doi:10.1080/08975353.2010.483653
- Rhodes, J., & Ajmal, Y. (1995). *Solution focused thinking in schools: Behaviour, reading and organisation*. London, England: BT Press.
- Riley, L. (2014). *Using solution focused brief therapy with adolescents in a mentoring context: A qualitative case*. Christchurch, New Zealand: University of Canterbury.
- Riley, S. (1999). Brief therapy: An adolescent invention. *Art Therapy*, 16(2), 83–86. doi:10.1080/07421656.1999.10129669
- Robinson, O. C. (2011). The idiographic/nomothetic dichotomy: Tracing historical origins of contemporary confusions. *History & Philosophy of Psychology*, 13(2), 32–39.
- Scioli, A., & Biller, H. B. (2009). *Hope in the age of anxiety*. New York, NY: Oxford University Press.
- Shennan, G., & Iveson, C. (2012). From solution to description. In C. Franklin, T. S. Trepper, W. Gingerich, & E. E. McCollum (Eds.), *Solution-focused brief therapy: A handbook of evidence-based practice*. New York, NY: Oxford University Press.
- Snyder, C. R. (1995). Conceptualizing, measuring, and nurturing hope. *Journal of Counseling & Development*, 73(3), 355–360.

- Snyder, C. R. (Ed.). (2000). *Handbook of hope: Theory, measures, and applications*. San Diego, CA: Academic Press.
- Snyder, C. R., Harris, C., Anderson, J. R., Holleran, S. A., Irving, L. M., Sigmon, S. T., . . . Harney, P. (1991). The will and the ways: Development and validation of an individual-differences measure of hope. *Journal of Personality and Social Psychology*, 60(4), 570–585. doi:10.1037/0022-3514.60.4.570
- Snyder, C. R., Irving, L. M., & Anderson, J. R. (1991). Hope and health. In C. R. Snyder & D. R. Forsyth (Eds.), *Handbook of social and clinical psychology: The health perspective* (Vol. 162, pp. 285–305). New York, NY: Pergamon Press.
- Snyder, C. R., Rand, K. L., & Sigmon, D. R. (2005). Hope theory: A member of the positive psychology family. In C. R. Snyder & S. J. Lopez (Eds.), *Handbook of positive psychology* (pp. 257–276). New York, NY: Oxford University Press.
- Stephenson, C. (1991). The concept of hope revisited for nursing. *Journal of Advanced Nursing*, 16(12), 1456. Retrieved from <http://canterbury.summon.serialssolutions.com>
- Stotland, E. (1969). *The psychology of hope*. San Francisco, CA: Jossey-Bass.
- Taylor, J. D., Cheavens, J., & Michael, S. T. (2000). Hope theory as applied to brief treatments: Problem-solving and solution-focused therapies. In C. R. Snyder (Ed.), *Handbook of hope* (pp. 151–166). San Diego, CA: Academic Press.
- Visser, C. F. (2013). The origin of the solution-focused approach. *International Journal of Solution-Focused Practices*, 1(1), 11–17. doi:10.14335/ijfsp.v1i1.10
- Weakland, J. H., Fisch, R., Watzlawick, P., & Bodin, A. M. (1974). Brief therapy: Focused problem resolution. *Family Process*, 13, 141–168.

- Westfall, J. M., Mold, J., & Fagnan, L. (2007). Practice-based research—"Blue highways" on the NIH roadmap. *JAMA*, 297(4), 403–406. doi:10.1001/jama.297.4.403
- Wheeler, J. (2001). A helping hand: Solution-focused brief therapy and child and adolescent mental health. *Clinical child psychology and psychiatry*, 6(2), 293–306.
doi:10.1177/1359104501006002009
- Willig, C. (2013). *Introducing qualitative research in psychology* (3rd ed.). Maidenhead, England: Open University Press.

Appendices

Appendix A: HOD/HOF consent

1



Name: Alice-Louise Barker
 Department: Health Sciences – Counselling
 Email: alice-louise.mann@pg.canterbury.ac.nz
 Date: August 2019

A Co-Construction of Hope:

How hope is influenced in high school counselling by the therapist, the client, and

Solution-Focused Brief Therapy when working with adolescents.

Information Sheet for: [REDACTED]

Kia Ora [REDACTED]

My name is Alice-Louise Barker and I am a current student in the Master of Counselling Programme at the University of Canterbury. This year, I am hoping to conduct research within the Counselling context of your school. The aim of this study is to investigate how hope is experienced by adolescents who take part in Solution-Focused Therapy (SFBT) and to consider the impact the therapist, the therapeutic model, and adolescent clients have on hope in counselling. The research will investigate the combination of the above influences throughout a counselling session, and transcripts and video recordings will be vital in determining the impact any of these may be having on the client's experiences of hope. The sessions will be recorded in order to show the language used by both the therapist, the client and specific techniques of the model and how these elicit hope. In this research I aim to work ethically as both a researcher and counsellor, and for the purpose of this study, clients will be referred to as both research participants and students who receive counselling. This study will also explore definitions of hope and observe what happens when one experiences this; all whilst taking into consideration the link that the therapist, the therapeutic model, and the adolescents have on hope.

You have been approached due to being the Head of the Counselling department where this research may be carried out. I would like to ask for your permission to conduct this research as part of my 'typical' counselling sessions in your school. I'm hoping to speak briefly at a North Division assembly to advertise what it is I will be doing with students (pending confirmation from Matt White, Divisional principal), and display posters in the Counselling department with the same information on them. I have informed the ethics committee that you will send out an email to all students in the

division reiterating what was discussed in the assembly and how to contact me if they wish to take part in the study. Once interest has been obtained, I will meet with the students individually to discuss the research further, give them a more detailed information sheet, and answer any questions they may have. It is at this point I will also give them a consent form that needs to be signed by both the participant and a parent or guardian and returned to me by 1st August 2019. Should there be too many people who want to be involved, the first people who contact me showing their interest will be accepted as participants in the research. Those who wish to still receive counselling will be offered this, but without the research component.

You may be assured of the complete confidentiality of data gathered in this investigation: your school's identity will not be made public without your prior consent. To ensure anonymity and confidentiality Pseudonyms (fake names) will be used in any instance where names or any identifying material could be accessed e.g. File and folder names, material in transcripts etc. In the case that identifying material should be visible or needed for the research, redaction (or blacking out) of names or places that may make them identifiable will take place to ensure this does not happen. I will not mention names or any other identifiable information about your school when discussing my research in a public or private space. Information regarding the project will be kept safely for five years after the completion of the study and will be stored on a password protected folder, on a password protected computer and/or in a locked filing cabinet in a locked office. Data will also be stored on the password protected University of Canterbury server.

After five years, all physical documents will be shredded, and electronic files permanently deleted from any device. A thesis is a public document and will be available through the UCLibrary.

The project is being carried out as a requirement for the Master of Counselling by Alice-Louise Barker under the supervision of Shanee Barraclough. As student welfare is your main priority, if you have any concerns during the process of this research about student safety please contact shanee.barraclough@canterbury.ac.nz. She will be pleased to discuss any concerns you may have about student participation in the project. Due to the limitations and restraints of the research, the cut-off date for withdrawing your consent to this study taking place within your school is the 31st October 2019.

This project has been reviewed and approved by the University of Canterbury Educational Research Human Ethics Committee, and participants should address any complaints to The Chair, Educational Research Human Ethics Committee, University of Canterbury, Private Bag 4800, Christchurch (human-ethics@canterbury.ac.nz).

Ngā Mihi Nui,

Alice-Louise Barker



Name: Alice-Louise Barker
 Department: Health Sciences – Counselling
 Email: alice-louise.mann@pg.canterbury.ac.nz
 Date: August 2019

A Co-Construction of Hope:

How hope is influenced in high school counselling by the therapist, the client, and

Solution-Focused Brief Therapy when working with adolescents.

Consent Form for: [REDACTED]

- ☐ I have been given a full explanation of this project and I have (and will continue to have) the opportunity to ask questions.
- ☐ I understand that any information or opinions students provide will be kept confidential to the researcher and that any published or reported results will not identify students or their school. I understand that a thesis is a public document and will be available through the UC Library
- ☐ I understand that all data collected for the study will be kept in locked and secure facilities and/or in password protected electronic form and will be destroyed after five years.
- ☐ I understand that I can contact the researcher Alice-Louise Barker, (alice-louise.mann@pg.canterbury.ac.nz) or supervisor Shane Barracough, (shane.barracough@canterbury.ac.nz) for further information or concerns. If I have any complaints, I can contact the Chair of the University of Canterbury Educational Research Human Ethics Committee, Private Bag 4800, Christchurch (human-ethics@canterbury.ac.nz)
- ☐ I understand that I can withdraw consent due to safety concerns for students before 31st October 2019 by contacting Shane Barracough (shane.barracough@canterbury.ac.nz)

4

- ☐ By signing below, I give consent for Alice-Louise Barker to conduct this research project at Burnside High School.

Name: _____ Signed: _____ Date: _____

Email address (for report of findings, if applicable): _____

Please return to Alice-Louise Barker via email alice-louise.mann@pg.canterbury.ac.nz or in person by 6th August 2019

Appendix B: Deputy Principal consent

1



Name: Alice-Louise Barker
 Department: Health Sciences – Counselling
 Email: alice-louise.mann@pg.canterbury.ac.nz
 Date: August 2019

A Co-Construction of Hope:

How hope is influenced in high school counselling by the therapist, the client, and
 Solution-Focused Brief Therapy when working with adolescents.

Information Sheet for: [REDACTED] (Principal of [REDACTED])

Kia Ora [REDACTED]

My name is Alice-Louise Barker and I am a current student in the Master of Counselling Programme at the University of Canterbury. This year, I am hoping to conduct research within the Counselling context of your school. The aim of this study is to investigate how hope is experienced by adolescents who take part in Solution-Focused Therapy (SFBT) and to consider the impact the therapist, the therapeutic model, and adolescent clients have on hope in counselling. The research will investigate the combination of the above influences throughout a counselling session, and transcripts and video recordings will be vital in determining the impact any of these may be having on the client's experiences of hope. The sessions will be recorded in order to show the language used by both the therapist, the client and specific techniques of the model and how these elicit hope. In this research I aim to work ethically as both a researcher and counsellor, and for the purpose of this study, clients will be referred to as both research participants and students who receive counselling. This study will also explore definitions of hope and observe what happens when one experiences this; all whilst taking into consideration the link that the therapist, the therapeutic model, and the adolescents have on hope.

You have been approached due to being the North Division Principal at Burnside High School. I would like to ask for your permission to speak briefly (no more than 5minutes) on my research topic and explain what the research is about to your students. I would also like to explain how they can contact me via email should they wish to be involved. There will be posters displayed in the Counselling department with the same information on them and Mike Greenslade will send out an email to all students in the division reiterating what was discussed in the assembly and how to contact me if they

wish to take part in the study. Once interest has been obtained, I will meet with the students individually to discuss the research further, give them a more detailed information sheet, and answer any questions they may have. It is at this point I will also give them a consent form that needs to be signed by both the participant and a parent or guardian and returned to me by 1st August 2019. Should there be too many people who want to be involved, the first people who contact me showing their interest will be accepted as participants in the research. Those who wish to still receive counselling will be offered this, but without the research component.

You may be assured of the complete confidentiality of data gathered in this investigation, and your school's identity will not be made public without your prior consent. To ensure anonymity and confidentiality Pseudonyms (fake names) will be used in any instance where names or any identifying material could be accessed e.g. File and folder names, material in transcripts etc. In the case that identifying material should be visible or needed for the research, redaction (or blacking out) of names or places that may make them identifiable will take place to ensure this does not happen. I will not mention names or any other identifiable information about your school when discussing my research in a public or private space. Information regarding the project will be kept safely for five years after the completion of the study and will be stored on a password protected folder, on a password protected computer and/or in a locked filing cabinet in a locked office. Data will also be stored on the password protected University of Canterbury server.

After five years, all physical documents will be shredded, and electronic files permanently deleted from any device. A thesis is a public document and will be available through the UCLibrary.

The project is being carried out as a requirement for the Master of Counselling by Alice-Louise Barker under the supervision of Shane Barracough. As student welfare is your main priority, if you have any concerns during the process of this research about student safety please contact shane.barracough@canterbury.ac.nz. She will be pleased to discuss any concerns you may have about student participation in the project. Due to the limitations and restraints of the research, the cut-off date for withdrawing your consent to this study taking place within your school is the 31st October 2019.

This project has been reviewed and approved by the University of Canterbury Educational Research Human Ethics Committee, and participants should address any complaints to The Chair, Educational Research Human Ethics Committee, University of Canterbury, Private Bag 4800, Christchurch (human-ethics@canterbury.ac.nz).

Ngā Mihi Nui,

Alice-Louise Barker



Name: Alice-Louise Barker
 Department: Health Sciences – Counselling
 Email: alice-louise.mann@pg.canterbury.ac.nz
 Date: August 2019

A Co-Construction of Hope:

How hope is influenced in high school counselling by the therapist, the client, and

Solution-Focused Brief Therapy when working with adolescents.

Consent Form for: [REDACTED]
 (Principal of [REDACTED])

- ☐ I have been given a full explanation of this project and I have (and will continue to have) the opportunity to ask questions.
- ☐ I understand that any information or opinions students provide will be kept confidential to the researcher and that any published or reported results will not identify students or their school. I understand that a thesis is a public document and will be available through the UC Library
- ☐ I understand that all data collected for the study will be kept in locked and secure facilities and/or in password protected electronic form and will be destroyed after five years.
- ☐ I understand that I can contact the researcher Alice-Louise Barker, (alice-louise.mann@pg.canterbury.ac.nz) or supervisor Shanee Barraclough, (shanee.barraclough@canterbury.ac.nz) for further information or concerns. If I have any complaints, I can contact the Chair of the University of Canterbury Educational Research Human Ethics Committee, Private Bag 4800, Christchurch (human-ethics@canterbury.ac.nz)
- ☐ I understand that I can withdraw consent due to safety concerns for students before the 31st October 2019 by contacting Shanee Barraclough (shanee.barraclough@canterbury.ac.nz)
- ☐ I would like a summary of the results of the project.
- ☐ By signing below, I give consent for Alice-Louise Barker to conduct this research project at Burnside High School.

4

Name: _____ Signed: _____ Date: _____

Email address (for report of findings, if applicable): _____

Please return to Alice-Louise Barker via email alice-louise.mann@pg.canterbury.ac.nz or in person by 6th August 2019

Appendix C: Advertising poster

CONTACT MS BARKER IF YOU ARE KEEN FOR MORE INFO

alicelouisebarker@gmail.com

**WE NEED
YOUR HELP**

INTERESTED IN HOPE?

**EVER WANTED TO
TRY COUNSELLING?**

Ms Barker is looking for
participants for her
Masters Thesis.



Made with PosterMyWall.com

Appendix D: Client 1 & 2:

Information sheets / Consent forms for participant and caregiver

1



Name: Alice-Louise Barker
 Department: Health Sciences – Counselling
 Email: alice-louise.mann@pg.canterbury.ac.nz
 Date: June 2019

A Co-Construction of Hope:

How hope is influenced in high school counselling by the therapist, the client, and
 Solution-Focused Brief Therapy when working with adolescents.

Information Sheet for: Student wanting to participate in research

Kia Ora!

My name is Alice-Louise Barker, and I have been an intern counsellor at Burnside High School for the past 16 months. As part of my Masters of Counselling qualification, I will be conducting research. The aim of this study is to investigate how hope is experienced by adolescents who take part in Solution-Focused Therapy (SFBT) and to consider the impact the therapist, the therapist's beliefs, and adolescent clients have on hope in counselling. The research will investigate the combination of the above influences throughout a counselling session, and transcripts and video recordings will be vital in determining the impact any of these may be having on the client's experiences of hope. The sessions will be recorded in order to show the language used by both the therapist, you (the client) and specific techniques of the model and how these elicit hope.

You have shown interest in being part of this study after hearing me speak briefly in assembly recently about the study. Due to the nature of this research being based in a school, I am legally required to gain parental/caregiver consent for any students under 18 years of age (providing they are still attending school at the time of the research). I have been granted permission from both the Head of Counselling and Divisional Principal for this research to take place at Burnside High School.

The following information is to provide you with details of the study, how it will operate, and what the expectations of you as a participant might be.

If you choose to take part in this study, your involvement in this project will be no different than a

'typical' counselling session you would have at school, with your needs and wellbeing being my priority. Even though you are participating as a client in counselling whose session will be used for research, the normal protocols apply, such as the confidentiality of your sessions (unless there is risk presented for either yourself or others). Should too many people want to be involved, I will look at those who have offered to take part and decide by taking into consideration gender, race and age of students. My hope is to have a diverse and equally balanced range of participants. If you are not randomly chosen, you will then be offered counselling should you still need the help.

The research will involve meeting to arrange a counselling session/s that will occur between 1st August, and 27th September 2019 (due to the constraints of school holidays and student's exam leave.) Here, there will be an opportunity for you to discuss any questions or concerns you may have with me (the counsellor/researcher) if needed. Sessions will take place during school hours in a private room, and usually last between 30 and 60 minutes. You are free to talk about whatever you choose. Although you may choose to come for more than three counselling sessions, only the first three counselling sessions will be used for the research. I will take a video recording of all the sessions, and after our sessions, I will take transcripts and to analyse the information presented in session. You may be seen arriving or leaving from the counselling department by other students, teachers or counsellors, but any personal information you provide in the session that will be used for the research (such as signed consent forms, video recordings and transcripts) will be stored on a password protected folder, on a password protected computer and/or in a locked filing cabinet in a locked office. Data will also be stored on the password protected University of Canterbury server.

In between each session I will write a summary (separate to my normal counselling notes) that I will go over with and give to you at the beginning of the next session. This is a way of member checking with you on your understanding of what happened in the previous session, and to clarify any miscommunication that may have occurred.

Pseudonyms (fake names) will be used in any instance where your names or any identifying material could be accessed e.g. File and folder names, material in transcripts etc. In the case that identifying material should be visible or needed for the research, redaction (or blacking out) of names or places that may make you identifiable will take place to ensure this does not happen. I will not mention names or any other identifiable information about you when discussing my research in a public or private space. Information regarding the study will be kept safely for five years after the completion of the study. After that, all physical documents will be shredded, and electronic files permanently deleted from any device.

Consent to take part in this research is important, and if you should change your mind during the sessions about any of the information being included in the study, you are able to discuss this with me and remove yourself without penalty. Unfortunately, due to the limitations and restraints of the research, and time involved in the recruitment process, the cut off date for removing your provided data from the research will be 31st August 2019. If you do remove yourself before the stipulated date, you are not 'disqualified' from counselling. Your sessions may continue, and your sessions won't be included in the research. The same applies should you remove yourself after the 31st August, the only difference being your first three sessions of data will stay as part of the research.

A thesis is a public document and will be available through the UC Library. You will also be given a copy of the results.. Other publications may include conference presentations or journal publications. As previously mentioned, client confidentiality is paramount in these arenas and I will not mention names or any other identifiable information about you when discussing my research in a public or private space.

Psychological risk:

Part of the nature of counselling is that we cannot be 100% certain of the psychological impact we may have on our clients. To ensure best practice, I will adhere to the New Zealand Association of Counsellors Code of Ethics in regard to student/counsellor safety, appropriate practice, and professional boundaries. This means that if you are distressed at anytime throughout the sessions and wish to stop, we will. This is no different to a normal counselling context where your safety is my biggest concern. Should you need to be referred for necessary care to others, this will happen and take priority over the research.

The project is being carried out as a requirement for Master of Counselling by Alice-Louise Barker under the supervision of Shanee Barraclough, who can be contacted at shanee.barraclough@canterbury.ac.nz. She will be pleased to discuss any concerns you may have about participation in the project. This project has been reviewed and approved by the University of Canterbury Educational Research Human Ethics Committee, and participants should address any complaints to The Chair, Educational Research Human Ethics Committee, University of Canterbury, Private Bag 4800, Christchurch (human-ethics@canterbury.ac.nz).

If you agree to participate in the study, you are asked to complete the consent form and return to Alice-Louise Barker via email alice-louise.mann@pg.canterbury.ac.nz or in person at school by 1st August 2019.



Name: Alice-Louise Barker
 Department: Health Sciences – Counselling
 Email: alice-louise.mann@pg.canterbury.ac.nz
 Date: June 2019

A Co-Construction of Hope:

How hope is influenced in high school counselling by the therapist, the client, and
 Solution-Focused Brief Therapy when working with adolescents.

Consent Form for: Student wanting to participate in research

- ☐ I have been given a full explanation of this project and have had the opportunity to ask questions.
- ☐ I understand what is required of me if I agree to take part in the research.
- ☐ I understand that participation is voluntary and I may withdraw at any time without penalty. So long as the withdrawal occurs prior to 31st August 2019, I understand that deletion of my provided data will also be removed from the research.
- ☐ I understand that any information or opinions I provide will be kept confidential to the researcher and that any published or reported results will not identify me or my school. I understand that a thesis is a public document and will be available through the UC Library
- ☐ I understand that all data collected for the study will be kept in locked and secure facilities and/or in password protected electronic form and will be destroyed after five years.
- ☐ I understand the risks associated with taking part and how they will be managed.
- ☐ I understand that I can contact the researcher Alice-Louise Barker, (alice-louise.mann@pg.canterbury.ac.nz) or supervisor Shanee Barraclough, (shanee.barraclough@canterbury.ac.nz) for further information. If I have any complaints, I can contact the Chair of the University of Canterbury Educational Research Human Ethics Committee, Private Bag 4800, Christchurch (human-ethics@canterbury.ac.nz)
- ☐ I understand I will be given a copy of the results of the study.
- ☐ By signing below, I agree to participate in this research project.

Name: _____ Signed: _____ Date: _____

Email address (for report of findings, if applicable): _____

Please return to Alice-Louise Barker via email alice-louise.mann@pg.canterbury.ac.nz or in person at



Name: Alice-Louise Barker
 Department: Health Sciences – Counselling
 Email: alice-louise.mann@pg.canterbury.ac.nz
 Date: June 2019

A Co-Construction of Hope:

How hope is influenced in high school counselling by the therapist, the client, and
 Solution-Focused Brief Therapy when working with adolescents.

Information Sheet for: Parent/Caregiver of student wanting to participate in research.

Kia Ora!

My name is Alice-Louise Barker, and I have been an intern counsellor at [REDACTED] for the past 16 months. As part of my Masters of Counselling qualification I will be conducting research. The aim of this study is to investigate how hope is experienced by adolescents who take part in Solution-Focused Therapy (SFBT) and to consider the impact the therapist, the therapeutic model, and adolescent clients have on hope in counselling. The research will investigate the combination of the above influences throughout a counselling session, and transcripts and video recordings will be vital in determining the impact any of these may be having on the client's experiences of hope. The sessions will be recorded in order to show the language used by both the therapist, your daughter/son (the client) and specific techniques of the model and how these elicit hope.

Your daughter/son shown interest in being part of this study after hearing me speak briefly in assembly recently about the study. Due to the nature of this research being based in a school, I am legally required to gain parental/caregiver consent for any students under 18 years of age (providing they are still attending school at the time of the research). I have been granted permission from both the Head of Counselling and Divisional Principal for this research to take place at Burnside High School.

The following information is to provide you with details of the study, how it will operate, and what the expectations of your daughter/son as a participant will be.

- If your daughter/son choose to take part in this study, their involvement in this project will be no different than a 'typical' counselling session they would have at school, with their needs and wellbeing being my priority. Even though they are participating as a client in counselling whose session will be used for research, the normal protocols apply, such as the confidentiality of their sessions (unless there is risk presented for either yourself or others).
- The research will involve meeting to arrange a counselling session/s that will occur between 1st August, and 27th September 2019. Here, there will be an opportunity for them to discuss any questions or concerns you/they may have with me (the counsellor/researcher) if needed.
- Sessions will take place during school hours in a private room, and usually last between 30 and 60 minutes. Your daughter/son are free to talk about whatever they choose.
- Should too many people want to be involved, I will look at those who have offered to take part and decide by taking into consideration gender, race and age of students. My hope is to have a diverse and equally balanced range of participants. If your daughter/son is not randomly chosen, they will then be offered counselling should they still need the help.
- I will take a video recording of all the sessions, and after our sessions, I will take transcripts and to analyse the information presented in session.
- In between each session I will write a summary (separate to my normal counselling notes) that I will go over with and give to your daughter/son at the beginning of the next session. This is a way of member checking with them on their understanding of what happened in the previous session, and to clarify any miscommunication that may have occurred.
- Personal information they provide in the session that will be used for the research (such as signed consent forms, video recordings and transcripts) will be stored on a password protected folder, on a password protected computer and/or in a locked filing cabinet in a locked office. Data will also be stored on the password protected University of Canterbury server
- Pseudonyms (fake names) will be used in any instance where names or any identifying material could be accessed e.g. File and folder names, material in transcripts etc. In the case that identifying material should be visible or needed for the research, redaction (or blacking out) of names or places that may make them identifiable will take place to ensure this does not happen. I will not mention names or any other identifiable information about your daughter/son when discussing my research in a public or private space.
- Information regarding the study will be kept safely for five years after the completion of the study. After that, all physical documents will be shredded, and electronic files permanently deleted from any device.
- Psychological risk:
Part of the nature of counselling is that we cannot be 100% certain of the psychological impact we may have on our clients. To ensure best practice, I will adhere to the New Zealand Association of Counsellors Code of Ethics regarding student/counsellor safety, appropriate practice, and professional boundaries. This means that if your daughter/son is distressed at anytime throughout the sessions and wishes to stop, we will. This is no different to a normal counselling

context where their safety is my biggest concern. Should they need to be referred for necessary care to others, this will happen and take priority over the research.

Consent to take part in this research is important, and if your daughter/son should change your mind during the sessions about any of the information being included in the study, they or you are able to discuss this with me and remove themselves without penalty. Unfortunately, due to the limitations and restraints of the research, and time involved in the recruitment process, the cut off date for removing their provided data from the research will be 31st August 2019. If they do remove themselves before the stipulated date, they are not 'disqualified' from counselling. Their sessions may continue, and their sessions won't be included in the research. The same applies should they remove themselves after the 31st August, the only difference being their first three sessions of data will stay as part of the research.

A thesis is a public document and will be available through the UCLibrary. Your daughter/son will also be given a copy of the results. Other publications may include conference presentations or journal publications. As previously mentioned, client confidentiality is paramount in these arenas and I will not mention your daughter/son's names or any other identifiable information about them when discussing my research in a public or private space.

The project is being carried out as a requirement for Master of Counselling by Alice-Louise Barker under the supervision of Shanee Barracough, who can be contacted at shanee.barracough@canterbury.ac.nz. She will be pleased to discuss any concerns you may have about your daughter/son's participation in the project. This project has been reviewed and approved by the University of Canterbury Educational Research Human Ethics Committee, and participants should address any complaints to The Chair, Educational Research Human Ethics Committee, University of Canterbury, Private Bag 4800, Christchurch (human-ethics@canterbury.ac.nz).

If you agree to your child participating in the study, you are asked to complete the consent form and return to Alice-Louise Barker via email alice-louise.mann@pg.canterbury.ac.nz or give to your child to pass on in person at school by the 1st August 2019



Name: Alice-Louise Barker
 Department: Health Sciences – Counselling
 Email: alice-louise.mann@pg.canterbury.ac.nz
 Date: June 2019

A Co-Construction of Hope:

How hope is influenced in high school counselling by the therapist, the client, and
 Solution-Focused Brief Therapy when working with adolescents.

Consent Form for: Parent/Caregiver of student wanting to participate in research.

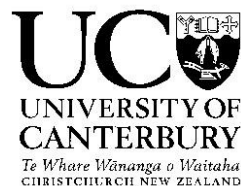
- ☐ I have been given a full explanation of this project and my daughter/son has had (and will continue to have) the opportunity to ask questions.
- ☐ I understand what is required of my daughter/son if I consent to them taking part in the research.
- ☐ I understand that participation is voluntary and that my daughter/son may withdraw at any time without penalty. So long as the withdrawal occurs prior to 31st August 2019, I understand that deletion of my daughter/son's provided data will also be removed from the research.
- ☐ I understand that any information or opinions they provide will be kept confidential to the researcher and that any published or reported results will not identify my daughter/son or their school. I understand that a thesis is a public document and will be available through the UC Library
- ☐ I understand that all data collected for the study will be kept in locked and secure facilities and/or in password protected electronic form and will be destroyed after five years.
- ☐ I understand that I can contact the researcher Alice-Louise Barker, (alice-louise.mann@pg.canterbury.ac.nz) or supervisor Shanee Barraclough, (shanee.barraclough@canterbury.ac.nz) for further information. If I have any complaints, I can contact the Chair of the University of Canterbury Educational Research Human Ethics Committee, Private Bag 4800, Christchurch (human-ethics@canterbury.ac.nz)
- ☐ I understand my daughter/son will be given a copy of the results of the study.
- ☐ By signing below, I give consent for my daughter/son to participate in this research project.

Name: _____ Signed: _____ Date: _____

Email address (for report of findings, if applicable): _____

Please return to Alice-Louise Barker via email alice-louise.mann@pg.canterbury.ac.nz or give to your

Appendix E: Ethics Approval



HUMAN ETHICS COMMITTEE

Secretary, Rebecca Robinson
 Telephone: +64 03 369 4588, Extn 94588
 Email: human-ethics@canterbury.ac.nz

Ref: 2019/44/ERHEC

6 August 2019

Alice-Louise Mann
 Health Sciences
 UNIVERSITY OF CANTERBURY

Dear Alice-Louise

Thank you for providing the revised documents in support of your application to the Educational Research Human Ethics Committee. I am very pleased to inform you that your research proposal "A Co-Construction of Hope: How Hope is Influenced in High School Counselling By the Therapist, The Client, and Solution-Focused Brief Therapy When Working With Adolescents" has been granted ethical approval.

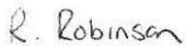
Please note that this approval is subject to the incorporation of the amendments you have provided in your emails of 12th and 29th July and 1st August 2019.

Should circumstances relevant to this current application change you are required to reapply for ethical approval.

If you have any questions regarding this approval, please let me know.

We wish you well for your research.

Yours sincerely

PP 

Dr Patrick Shepherd
Chair
Educational Research Human Ethics Committee

Please note that ethical approval relates only to the ethical elements of the relationship between the researcher, research participants and other stakeholders. The granting of approval by the Educational Research Human Ethics Committee should not be interpreted as comment on the methodology, legality, value or any other matters relating to this research.

F E S

Appendix F: Initial codes

Initial Codes 30.10.19

CAT

- Relationships
- Self doubt
- High expectations on self
- Need to know it's gonna be ok (reassurance)
- Effort/Motivation
- Wanting things back in order
- Drive
- Wanting something really bad
- Direction
- Purpose
- Point to go
- Something to go towards
- Goal
- Knowing what I want
- Fear
- Where hope lies / positioning / placed
- Displaced
- Hope is always there
- Everyone has hope
- Future Focus
- Belief in something different
- Ability to have hope in something
- Joy in something (gives hope)
- Passion
- Everything/something being 'better'
- Sense of achievement
- Inspiration from others
- Fear of personal thoughts/Reality
- Vulnerability
- Admitting to self.
- Acknowledgment of 'issue'
- Inner voice/self talk (negative)
- Everyone needs hope
- Expectations
- Hope in something
- Progress
- Control over a situation

personal / Different for everyone

Ambition

Others knowing what they're doing

Hoping

Influence of others

Understanding the why I want things to change

Motivation

Courage

Change

Finding out what the issue actually

Able to hurt (facing vulnerability)

Let down your walls

Saying things out loud (facing)

Writing things down (facing)

Understanding comes from vulnerability

Knowledge / knowing something

Inspiration of others

Personal significance (context)

Motivation

Understanding by others

Confidence in self

Hope is faith something better something

Hope / faith / change - the same will change

The Hope

Faith is whatever you want it to be
(personal) connection.

57:56

Knowing what hope is for. } counselling

Making intentions clearer

Talking helps understanding

Hope is awake up call

Choosing a path forward.

Decision making

Not understanding the definition of

1:04

Everyone has something to lead forward hope

Hope is perseverance. To keep moving.

understanding the
Value of hope

Born w/ hope.

Seeing beyond here and now.

57:21

What is hope for?

57:21

Trusting in self.

Taking action for change.

↓

Hoped drives action for change.

59:41

Education around hope in young people.

1:04

Education of "self" of "growing-up".

(DONE)

S1 11:54

Making the right decisions

11:54

Not Wasting Life

T 17:22

Inspiration of others motivates

Talking through things.

23:04

Something I love.

33:04

Connection to something

23:48 Knowing what's important to you.

25:31 Approval of others

25:31 Self worth / talk influences hope.

28:18 Influence from others provides understanding

29:59 Having understanding

32:07 Avoiding pain

Goals towards something

37:23 procrastination of things should be doing

39:40 Having someone get alongside to encourage

39:40 Motivation

S2

Contentment in self.

06:48 Ability to untangle thoughts.

24:11 Identity evolving over time.

32:27 self esteem / self worth from others.

33:13 Doubt of self.

33:13 Wanting certainty.

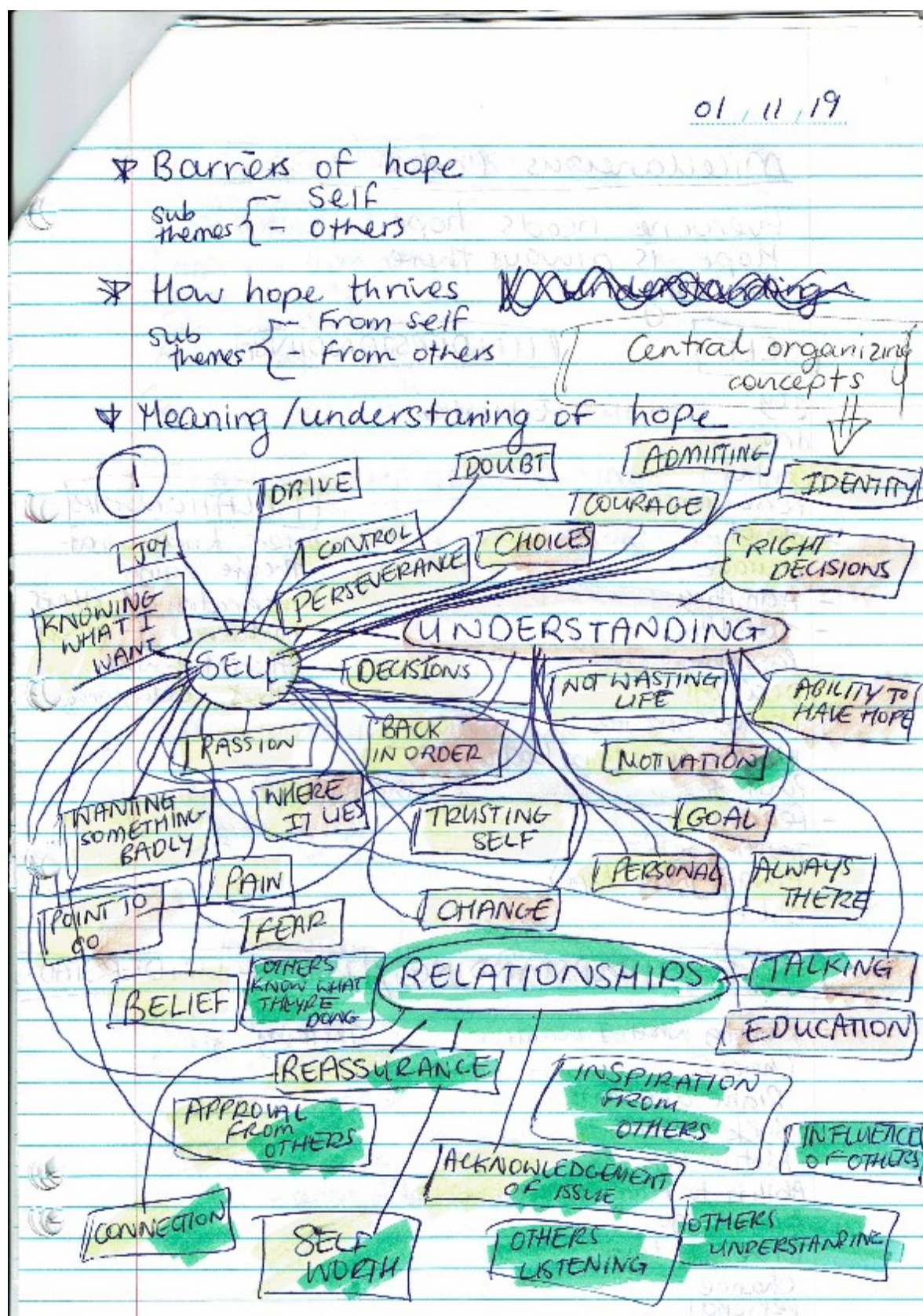
(16:31) Hope ties into everything

S3 16:39 Hope in something

17:47 Direction, purpose

- 18:07 Counselling has made hope clearer
 | Always had hope
 Untangled thoughts
- 19:29 Hope is always there. ^{sometimes} Hidden away
 Everyone has a purpose. Finding hope.
- 21:11 A reason behind something
 | Purpose
 Discovery of hope
 Acting on hope (The choice)
- 22:28 Vivid understanding. More clear
- 24:17 Using the whiteboard to connect.
 | Counsellor seeming like they want to be there.
 Someone to listen.
- 26:01 Hopeful about stuff vs hopeful about relationships.
- 27:30 Inner drive
- 30:14 Motivations

Appendix G: Searching for themes

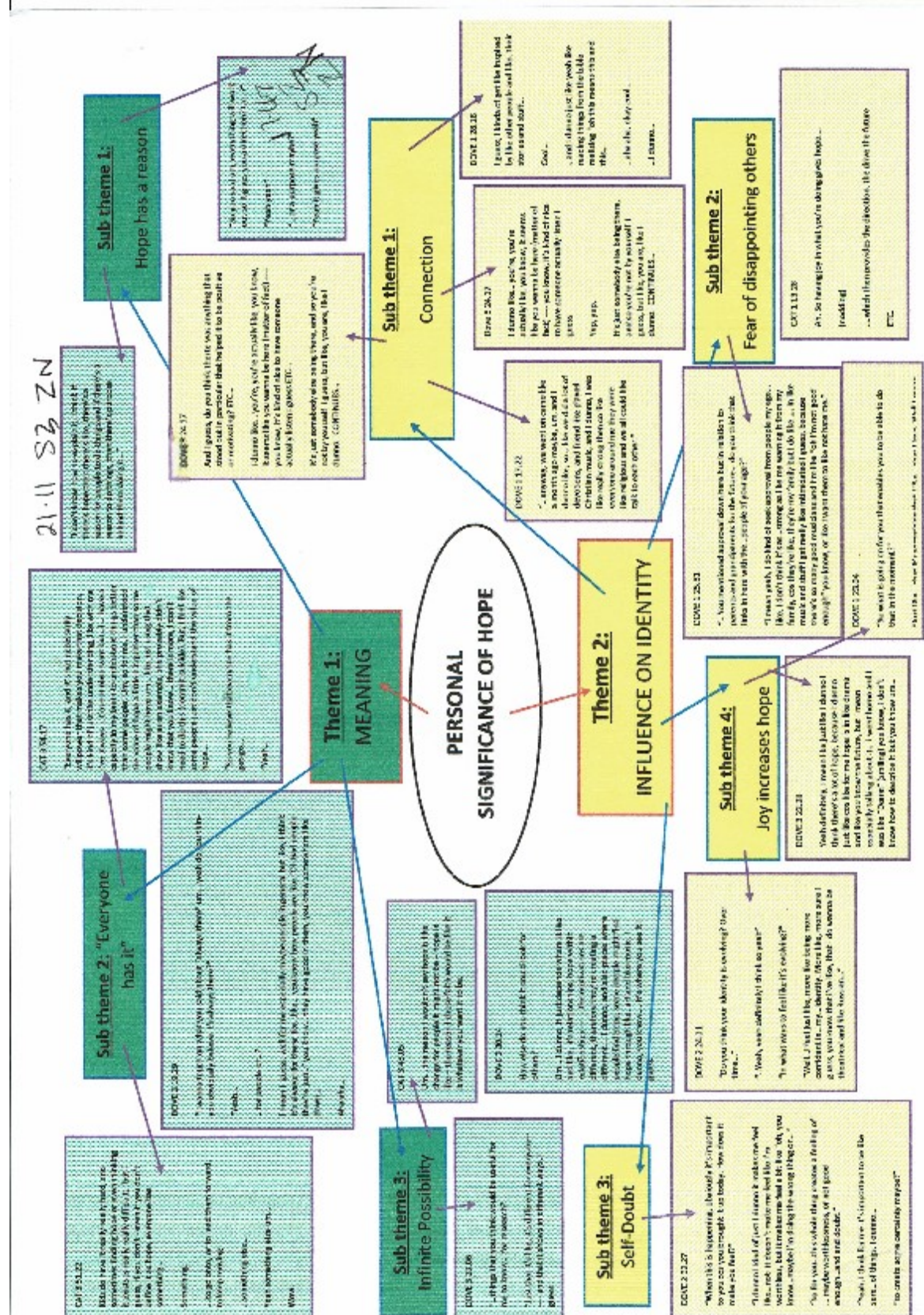


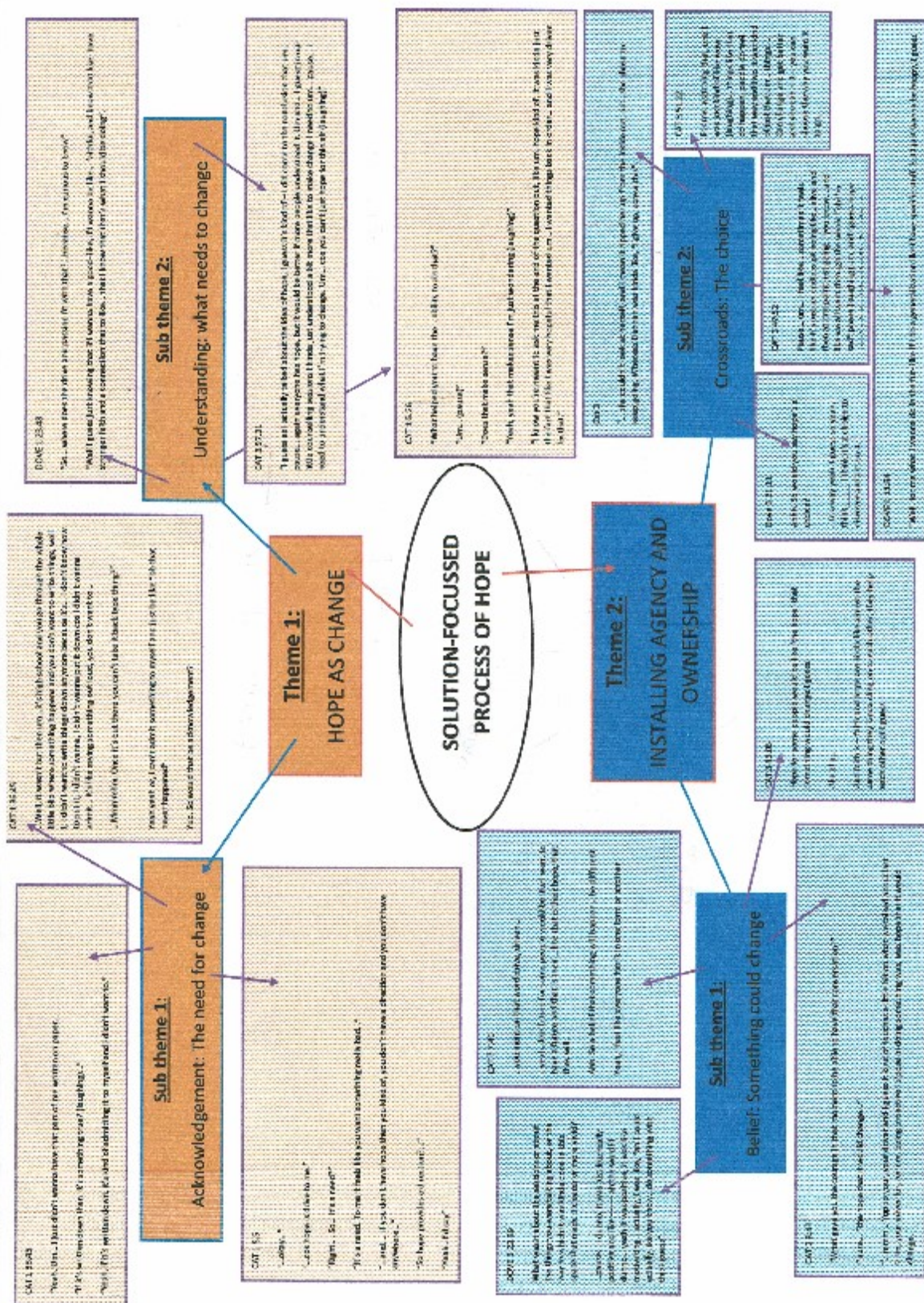
②

Inner voice Doubt self talk
Vulnerability

pain Barriers/
challenges
of Hope fear

Trusting self ~~not knowing~~ Confidence
contentment





Appendix I: Timestamped quotations

[illegible]

"What did hope do for you in that instance?"					
"Um... yeah...for me it was kind of just a drive..."					
"...yup..."					
"Like what... I feel like everyone's got hope. Everyone needs it..."					
"...okay..."					
"...cos hope is drive to me."					
"Right.... So... it's a need?"					
"It's a need. To me it feels like you want something really bad..."					
"...aha..."					
"...and.... if you don't have hope then you kind of, you don't have a direction and you don't have anywhere..."					
"So hope provides a direction?..."	CAT	1	5.5		
"Yeah...I'd say"					
"Wow. How do you know what hope is for you?"					
"Um...well hmph (sigh) I guess for everyone it is different. Um but for me I guess it's kinda just hope is um, it's what, it's what gives someone like a purpose, like a point to go. Not necessarily a purpose, it doesn't mean everyone needs to have it, it just means like if you do it is something for you to go towards. Like a goal.					
"Wow. Okay. So it's a goal...um you mentioned something to work towards?..."					
...yeah I guess					

Awesome and so... can you describe what it feels like for you when you have that hope?					
Sometimes it's hard to find					
Yeah					
Um sometimes you just get really lost and you're like "I don't know what I want"					
Um...					
...which can be hard to find...					
It's confusing, it's been happening to me a lot, like "I don't know if it'll work out...I don't know if I actually want it enough to try, but hope's like the thing that's um... making me try."					
"It's just scary.... Cos some kids are so...so hopeful and then they just, something happens and that's kind of scary."					
"When you say something happens what do you mean?"					
"um... like in my instance I um I got distracted by like by my friends and by trying so hard to have a social life. Um... that it started to stress me out, I'm not balancing everything enough and I can't do it...	CAT		7.41		
...and would you say the hope is less?...					
...I wouldn't say the hope is less, I know it's still there but it's just...it's confused where it needs to be.					
...Ah... so it's where the hope is placed?					
Yeah					
Hmm. Okay. So for you, what I'm hearing (please correct me if I'm wrong) what I'm hearing is that you understand the					

importance in your own life of hope, and what it's done for you in the past.						
(nodding)						
...and how it drives you, and it provides a direction...						
(nodding)						
...and you've come to me and you've said "Hey I feel like maybe the hope's displaced at the moment, the hope's in the wrong thing".						
...yeah... Yeah pretty much but like I feel like everyone does have ____ hope. Like for some people it's like religion oh you know like God is for them, um, or for some people it could be like family, like they are driven by family, like they have hope that....						
...you mention that word drive, driven...						
...yeah...like future for some people would be like I want to have a future and that is their... like that is their hope, that they will.						
Ahh. So a belief that something will happen... be different						
Yeah, I feel like everyone has it in one form or another						
Yep						
It's just hard to word (laughing)						
"...It was kind of just my way of having a bit of joy, cos sometimes everything feels very black and white...	CAT	1	13.28			
"okay..."						
"...and"						

"Do you think joy links to hope?"					
"not necessarily, for some people like..."					
"yeah. What about for you?"					
"For me it does definitely. Um..."					
"Tell me about that"					
"I, I want it to link to joy..."					
Yeah					
...because...um...it's all we can really want out of life (laughing) like we're here for so long and for some people it's for them joy would be like making a difference and that is what their hope is...					
...yup...					
...or...					
Ahh... so when you say that's what their hope is, are you meaning like the direction, or the future...					
...I guess yeah.					
Ah. So having joy in what you're doing gives hope....					
(nodding)					
....which then provides the direction, the drive the future					
Yeah, yeah!					
And you said for you that's how you'd like it to be, and how it's important to you					
(nodding) Well that's how it's important to me of course, but...					
So how does that look then, if we think about your goals, I suppose which are to have a better balance and you've mentiojned that you wanna have hope in your ability to have that balance.					
(nodding)					

...and you mentioned joy. So how do we find the joy (laughing together) how do we find the joy in, in making this change? ...or re jiggig? Does that make sense?						
Yeah, yeah that makes sense. I guess it's kind of the idea of everything, not being perfect, but being like... better. If that makes any sense.						
And when you say better you mean...?						
In my like..for me...my better would be like a bit more time management						
"Organisation...you mentioned...what does that lead to? You said it leads to..."						
Organisation, after I have organisation I feel it could lead to um... getting everything in order... um....						

"...And then after that if I had like a goal, I feel if everything else was balanced I could focus on that goal, and achieve it."	CAT	1	15.47			
Ahh.. goal (using whiteboard), and a sense of achievement...						
At the end of all that is literally hope. It's what...						
....If you have a sense of achievement it leads to hope.						
(nodding)						
"They know what they're doing"	CAT	1	24.47			
" I read through it after I had finished it, it didn't take me long... I used to always be writing but um...I do it, it kinda just... it was hard to read. Cos you know, like it's a personal thoughts...	CAT	1	33.45			
"Yeah...						

“...and it’s like there’s a lot in that, then I kinda just stopped because I didn’t want to...?”						
“...it’s vulnerable right?”						
“Yeah. Um... I just didn’t wanna have that part of me written on paper...”						
“If it’s written down then it’s something true? (laughing)...”						
“Yeah, if it’s written down, it’s kind of admitting it to myself and I didn’t want to.”						
“Yup. So it’s scary..”						
“(nodding)”						
“How confident are you that you’d be able to do this one mini goal?”						
“I can write it down, but I don’t know if I can.... Like I can 8/10 write it down, but I don’t know if I can apply myself to do it.”						
“aha. So that could actually be, like you said there’s two parts to it, the first part’s acknowledging it (by the sounds of it) and writing it down, and you said that in itself is scary for you, cos once it’s out there...						
...Well, it wasn’t but then um...it’s high school and you go through the whole little blip where something happens and you don’t want to write things, well I, I didn’t want to write things down anymore because it’s... I don’t know how to put it, I didn’t wanna, I didn’t wanna put it down cos I didn’t wanna admit... it’s like saying something out loud, you don’t want to...	CAT	1	36.45			
...Mmmhm. Once it’s out there you can’t take it back type thing?”						

Yeah yeah or, I can't admit something to myself and just be like "oh that never happened"						
Yup. So would that be acknowledgement?						
Yeah, yeah,						
Okay,						
So the first part is acknowledging...and the second part would be?...what?...doing?						
Yeah. Attempting.						
Yeah, ok. So from what you're saying is that, yeah there's two parts to a problem. The first part is actually being able to acknowledge it's there in the first place, then the second part is doing it, or attempting it.						
(nodding).						
"Um...admitting good things, to me, is harder than admitting bad things. So when the word courage pops up, I kinda just think, that's not quite there for me yet.	CAT	1	38.5			
...So you can kind of just disregard it"						
Yeah yeah, cos yeah, taking good things has always been harder than taking bad for me...it's just easi-it's...what you don't wanna hear is sometimes just easier to tell yourself, make yourself feel bad, rather than the good things where you're like "oh yeah it's fine". Cos I feel like as people we're always trying to create problems, to have something to solve.						
Yup. Yup. Yeah.						
p						
Pause... "the hope that it would change..."	CAT	2	8.41			

<p>"...mmm... Yup so your, your driver and I guess it kind of touches a little bit on what we talked about last time, your driver for, for um, being proactive I s'pose in doing something was, was hope that it would change.</p>					
yup					
"It would, would help or at least make some change."					
<p>"I believe there's freedom in being able to be real, and vulnerable and honest about the way we're feeling.... And talking about the people we love, and making those relationships stronger."</p>					
<p>"I agree with that the only thing is when you do allow yourself to be vulnerable you do allow yourself to talk cos you're vul- that is the point you are vulnerable and then like... that's just hard."</p>					
<p>"It is hard. It's really hard to be vulnerable, yeah. And... what is, what is vulnerable to you do you think?</p>	CAT	2	18.4		
Pause					
<p>Um.... Just Ah the point when you are able to hurt... if that makes sense.</p>					
Yeah.. yeah.					
<p>Do you see it as strength? Weakness? Or a bit of both?</p>					
<p>Um... when I think of it, I think of weakness, but it can be used in both, like it is also a strength for like some people.</p> <p>Um... cos when you are vulnerable it does mean you've let down your walls, which isn't exactly bad, but, a bit of both. Just...</p>					

<p>You know, I guess I'm just curious um for you like yeah like why, why are you doing it? I think it's great, but why – yeah, so you're saying to understand for you? Get more understanding?</p> <p>Yeah...</p> <p>Okay, why else um, do you feel like you could be or want to be vulnerable about this particular topic?</p> <p>Pause</p> <p>Does that make sense?</p> <p>(Laughing) Yeah that makes sense</p> <p>Pause... it really is just to say it out loud and just...know, I guess.</p> <p>Yup. Okay. SO for you it's knowing, and understanding?</p> <p>Mmm hmm...</p> <p>Yeah... And what do you hope to do with this now?</p> <p>Pause... um</p> <p>You know, what's the point of it now for you? That it's out there?</p> <p>Pause... um, I <i>could</i> say something...</p> <p>Okay... do you think it links at all with change?</p> <p>Yeah (nodding) yeah</p> <p>Okay.</p>						
<p>He was the idealistist, like it is doable and like, he volunteers at lifeline, and he's studying law, and you know, he's got a girlfriend, he's got his life together, and I quite like that about him. He, he knows what he's doing.</p> <p>...So he inspires you?</p>	CAT	2	36.58			

Um... the reason I wouldn't say hope is like change for people it might not be – hope is like – the reason I chose faith would be like it is whatever you want it to be.					
Aaah, yeah.					
Like it might be faith in um... faith in your future or faith in family or you know...					
Awesome. Yup. Okay. So the whole idea of hope, faith, change kinda links... or 'the hope' or 'the faith' in something enables change?					
Yup (nodding)					
"And so for you... do you feel like... hope has... stayed the same, changed, more, less through this process of counselling I suppose?					

...and it's not actually necessarily about me, but it's more about the whole process of counselling whether or not you feel like it's done anything for your hope?					
Um...pause... I guess I've always had hope...	CAT	3	45.02		
Mmm...					
But I've never like argh I don't know how to word it, but I've never really known what it's for.					
Aaah...					
...if that makes sense... like I know it's there but I don't know what I'm trying to change or what I'm trying to accomplish.					
And I guess with counselling I guess it's just me. My intentions is a bit more clearer. If that makes sense...					

Yeah...						

...and what do you think it was about the- about this process about this session that um, that helped to um... make your intentions clearer?						
I guess um... talking through it and um ah... talking through it, and then understanding I guess.						
Yeah, so having understanding yeah, yeah. Was there any particular elements that you found particularly in the sessions that you're like "Oh that's helped, or that's made things clearer?" or, I dunno...						
The little lists you do are handy.						

"I hate order and stuff, but I guess talking it through and like writing it down, and then it being there it's kinda just a bit more like it exists"						
Yup, yup,						
...wish I guess is helpful...						
Yeah... So would you say having a bit of a future focus on where you wanna go...?						
Yeah...						
It, it helps with the intention of your hope.						
(nodding)						
I wanna touch on what you said about "I've always had hope". That fascinates me.						

Why would you say you're hopeful – what makes you have hope ?	CAT	3	47.52			

Pause... um... I feel like... sometimes it feels like it's just an endless pit being like...alive and then at one point just going... you know... and like we all went through the whole "oh I'm sad" phase (laughing) um, and I guess hope was kinda the thing that like "what're ya, what're ya doing?" It was kinda like a wake up call um, that... I can either choose to just kind of drag myself through life, or I can hope for something better, or I can hope for um...						
Wow...						
...I can hope for something I'd enjoy.						
For me, watching that, one I was just kind of like wow (laughing)... things like that do happen, people do feel that way and two it was kind of just that um... things Can change and get better and you can – it – you can choose the way you want it to go...	CAT	3	51.22			
Yup...						
Yeah...						
Kids do have it really really hard, and sometimes finding hope or even thinking it exists is really really difficult... but I guess, if you don't - even if you don't define it as hope, everyone has something...	CAT	3	51.22			
Something...						
... to go onto, or to lead them forward, to keep moving						
...something else...						
Yeah something else um...						
Wow.						

<p>“... she couldn’t look at herself, and I mean it ripped her up from the inside out, but...she chose to keep going. Whereas Hannah was kinda like, “I give up, screw this”.</p>	CAT	3	?			
<p>“Everyone has it, and it’s not necessarily willpower that makes you make that decision, it’s kind of just the understanding, like with me I’ve always.... I’m not observant but...I ... have a capacity in my brain to understand things better than some people. Um, so for me, I understood the value of hope a little bit quicker than some people might have um... like just using that show like as an example, she probably didn’t know that you know... there is more, I don’t need to do this (commit suicide). But, I feel like some people just don’t understand the value of hope...</p>	CAT	3	54.17			
<p>“So you believe that everyone has it from the get-go...</p>						
<p>“Yeah...</p>						
<p>And then...</p>						
<p>Yeah... you just need to understand what it is...</p>						
<p>...once you understand what the value is in it then you can change?</p>						
<p>If not change, then you can make a decision that’s better...</p>						

<p>"I guess as I actually talked about the idea of hope, I guess it's kind of – I did come to the conclusion that um... pause... again everyone has hope, but it would be better if more people understood it. Um and... I guess in our little counselling sessions I kinda just understood a bit more that like to make change I need to um... pause... I need to understand what I'm trying to change. Um... cos you can't just hope for thin air (laughing)"</p>						
<p>_____</p>						
<p>I think that's definitely important. Cos... again, I knew I had hope, I just didn't know what it was there for....</p>	CAT	3	57.21			
<p>And now... what would you say it's there for?</p>						
<p>Pause... we didn't talk about this at all but I guess just um, pause, liking and trusting myself more, I guess.</p>						
<p>In what ways?</p>						
<p>I guess it's really easy to say you'll do something, and to say that something will change, but if you don't take actions to um... change it... it's not going to.</p>						
<p>And I'm kind of hearing from what you're saying that the hope drives the action, a little bit?</p>						
<p>(nodding) you need to know it's there first though.</p>						
<p>"What is it that would actually help people to understand hope more, understanding that value in it?"</p>	CAT	3	59.41			
<p>Um...it doesn't seem like it, but a lot of kids my age would go through like a lot.</p>						

<p>_____</p> <p>...A lot of my friends um, you wouldn't know, like even with me they probably don't know. But some things you do get told, you're just shocked. Cos you don't know what the person's going through. And sometimes I just wish I could have a conversation with someone, that they would just know that there is something more, and I guess the way to get that across to them would be... to tell them it exists."</p>					
<p>When you say "better people" what's a better person to you?</p> <p>Not necessarily better, but like I guess... just... ah... by better people I kinda just mean them having understanding of what kind of people they are.</p> <p>Yeah...</p> <p>_____</p> <p>Do you feel like that then leads to hope?</p> <p>(nodding) yeah... well no, mmm... if not hope, cos again some people don't know that exists because we weren't told you know like... there would still be someone that if you asked what hope is they'd be like "ahh... an emotion". Um (laughing) I guess, for some people if understanding who they are doesn't lead to hope it needs to leads to some form of faith, or drive...</p> <p>Yeah...</p> <p>If you don't know how to word it, there's still something there. Cos I'm sure if you asked someone like "what do you want</p>	CAT	3	1.04		

for your future” they wouldn’t say “oh I’m hopeful for this” they’d just be like, I want this.						
Yeah						
They don’t realise that hope is what is yeah...						
So they have faith or drive...						
(Nodding)						

Data extract	Participant	Session	Timing	Theme 1: Personalized meaning or understanding	Theme 2: How hope thrives	Theme 3: Barriers/Challenges of hope
"How would you know, that it's the right decision?"	DOVE	1	11.54			
"Well, for me what I wanna do in the fut- like if I do a generalization like I have specific stuff, but I just wanna be happy, I guess that links to the happy in self. Um, yeah, I just wanna be, I wanna be happy I don't wanna be like, start being like "what have I done with my life?"						
Yup...						
...And like I wanna like I don't want me to think like my life has been like wasted or anything you know?						
"...anyway, we went on camp like a month ago maybe, um, and I dunno like, so... like we did a lot of devotions, and friend like played Christian music, and I dunno, I was like really strong then co like everyone around me they were like religious and we all could like talk to each other."	DOVE	1	17.22			
"So what is going on for you that enables you to be able to do that in the moment?"	DOVE	1	23.04			
"just like... that it's something that I like... that I love. Well I mean when it comes to drama, and music it's something that I love, or if I'm really connected to the character, like if I'm playing someone if I'm really connected to them then..."						
"...yup, so drive...						
"yeah...						
"passion...						
(smiles and nods. Sits up straighter)						
"... are things that motivate you?"						
"So... where does the drive and passion fit with that?...because... I'm curious to know"						
"Well I guess just knowing that if I wanna have a good-like, if I wanna be like... faithful, and know that like-have stronger faith and a connection that to like... that I know that that's what I should be doing".	DOVE	1	23.48			

"...You mentioned approval down here but in relation to parents and grandparents for the future... do you think that links in here with the...people of your age?"						
"I mean yeah, I do kind of seek approval from people my age... like, I don't think it's as...strong as like me wanting it from my family, cos they're like, they're my family but I do like In like music and stuff I get really like intimidated I guess, because there's so many good musicians and I'm like "oh I'm not good enough" you know, or like I want them to like not hate me."	DOVE	1	25.31			
I guess, I kinda of get like inspired by like other people and like, their stories and stuff...	DOVE	1	28.18			
Cool...						
...and I dunno just like yeah like reading things from the bible realising "oh this means this and this..."						
...aha aha, okay cool...						
...I dunno...	DOVE	1	28.5			
"As you look at this now _____ what is it that jumps out at you that you might have realised, that might be something that you've learnt that you didn't know when you came in?... about yourself...."						
"um... I dunno that it's all like linked together I guess... cos I dunno I kinda see them as separate but like, they're actually not."						

"I dunno just like everything on the board I guess"						
"Who we are as people? (nodding)"						
"yeah"	DOVE	1	29.59			
"how do you normally... um... take action when you make up your mind about something?"						
"Um... I dunno, I find inspiration on the internet, and read about it."						
"So what is it that's going to be able to help you to do this research, you said "I'll look it up on the internet"...yeah"	DOVE	1	32.07			

"Yeah"						
"so what do you think is gonna be able to help you to do that?" pause... Or what's stopping you at the moment?						
Pause... um I dunno just that, I wouldn't ... I wouldn't like... I don't know, I just haven't gotten around to it I guess"						
(uncomfortable, nervous and avoidant).						
"So what is it that you're gonna take away...that you can look at from today that's gonna be like "oh yeah""						
"Um, I think... well... I think I should start small I guess, if I'm gonna work on like getting like my faith and stuff..	DOVE	1	35.04			
"Okay, so for you a goal would be small steps?...						
...yeah like maybe starting with podcasts and like devotionals and stuff..."						
"Yeah, but I guess like, I don't really do much when I get home, like, I know I <i>should</i> do like schoolwork, but I don't-like I'm not really motivated to do it so like, I could like, put it in, instead of that I could do like faith... like make time. So I do have some time, like in the evenings and stuff but, it's just actually getting...						
"Yeah, and I notice you mention the word motivation...						
...yeah...	DOVE	1	37.23			
"What does motivation mean to you when you hear it?"						
"I dunno, just like, wanting to do something like doing it, cos I procrastinate a lot...						
"okay... (writing on whiteboard) so wanting to do something...						
... and actually doing it...						
(laughing) and actually doing it.						
So... part of the motivation would be having...						
someone	DOVE	1	39.4			
(nodding)						

....that can get alongside you and talk to you about this stuff?						
“mmm”						
“Do you think your identity is evolving? Over time...”						
“..Yeah, yeah definitely I think so yeah”						
“In what ways to feel like it’s evolving?”						
“Well...I feel just like, more like being more confident in...my...identity. More like, more sure I guess, you know that I’ve like, that I do wanna be theatrical and like Russian...”	DOVE	2	24.11			
“Yeah yeah yeah yeah...”						
“When this is happening, obviously it’s important to you cos you brought it up today. How does it make you feel?”						
“I dunno I kind of just I dunno it makes me feel like...not- it doesn’t make me feel like I’m worthless, but it makes me feel a bit like “oh, you know...maybe I’m doing the wrong thing or... “	DOVE	2	32.27			
“So for you...this whole thing creates a feeling of ... maybe worthlessness, or not good enough...and and doubt.”						
“Yeah. I think for me it’s important to be like sure...of things, I dunno...	DOVE	2	33.13			
“so create some certainty maybe?”						
“I’m really interested in what hope is for you, I suppose...						
“I dunno, I think, for me I dunno, it kinda ties into like everything because you know, I’m hopeful I’ll you know be like able to go to New York and become an actor... Also I guess, it’s kind of like, kind of like a mix of like faith I guess...	DOVE	3	16.39			
“mmm hmm. In what way?”						
“I dunno it’s kind of like...that like... more like hopeful that like...everything will work out well, and like you						

know, I'm hopeful that...like if I do have faith, in like God in stuff, you know everything will work out"						
"So for you, hope is is like your faith."						
"Yeah"						
"So you said um, everything will work out so it gives you a direction? Or...?"	DOVE	3	17.47			
"Yeah yeah"						
"...or a purpose maybe?"						
"Yeah it gives purpose yeah"						
"Do you think that your ideas around hope have stayed the same um...changed at all during you know – this is your first experience of counselling aye?"	DOVE	3	18.07			
Mmm						
Yeah? Yup that's right. Do you think that your, your understanding of hope has changed at all?"						
"I mean, I think it's become like clearer, I think it's kinda always been like ...there, kind of but its...not that it like, I didn't really like delve into my thoughts with someone like you know..."						
Yeah yeah...						
So..yeah. It's just become clearer.						
In what way... is it clearer for you do you think?						
I dunno it's just more...I... I dunno kind of like all my thoughts, you know – like I said before, all my thoughts are untangled so it's more obvious to like see like where everything is and that's like hope and stuff.						
Okay... so having a bit of an untangling of what's in your mind helps to give you hope?						
Yeah. It helps see what I love and that's like for me, hope						
Yup so it reinforces...						
Yeah						
Yeah ...what's important for you".						

<p>"I wanna touch on what you said about "always there"</p> <p>um... yeah do you thin- you obviously believe it's</p> <p>always there?"</p>						
"Yeah...						
...for people or...?						
<p>I mean I guess, well for me especially maybe people in</p> <p>general but like, I think it's always like there like...like...</p> <p>you know how people are like "Oh bad people they're</p> <p>just.." you know... they have good in them, you know</p> <p>somewhere like down...</p>						
Aha aha...						
<p>You know, it's like hidden away. That can be with hope</p> <p>like sometimes it's just a bit more like...hidden or like</p> <p>...</p>	DOVE	3	19.29			
Mm mmm						
...I dunno... tangled and that						
<p>Yeah... so they...the hope is...um, you're born with it,</p> <p>but...</p>						
...yeah...						
...sometimes people don't realise it's there?						
<p>Yeah, I think, I dunno I think if you don't have hope</p> <p>then... I dunno it's kind of like a purpose you know, I</p> <p>think everyone has a purpose so if they don't like fin-</p> <p>you just have to find it."</p>						
<p>I don't know how to explain it, I think if there's hope</p> <p>then there's like, there's a reason for people to do</p> <p>things and if there's a reason to do things, then there's</p> <p>purpose behind them doing it...</p>						
Yup						
<p>Like, in drama, I dunno I'm just gonna reference drama</p> <p>(laughing) when we talk about- we have to write a</p> <p>statement of intention and we talk about the actresses</p> <p>purpose and like the character's purpose and like... if</p> <p>you walk somewhere, you have a purpose, whether</p> <p>it's to walk straight there or like if you walk in like</p>	DOVE	3	21.11			

weird lines, you know, there's a reason for that. You're brain chooses so like...						
Ahhh. So would you say hope's a choice?						
...In a way yeah. I guess so yeah. I think_____ I think it's a choice to discover and act on it						
Mmmm...						
...that's what I think (smiling)						
"And so... do you feel like in... the counselling sessions here, do you feel like there was hope in what you were talking about or in the room or hope- I dunno, what was your experience of hope in this context?						
Yeah definitely, I mean like just like I dunno I think there's a lot of hope, because I dunno just like cos like for me hope is in like drama and like you know the future, but I mean especially talking about it... I went home and I was like "Damn" (smiling) you know, I don't know how to describe it but you know um...	DOVE	3	22.28			
You went home and what? (laughing)						
Na I just went home with like more of a sense of like...pause hope I guess (smiling) I dunno how to say it, it was just like more... I don't know if I should say like vivid but like...						
Mmm hmm, well you mentioned somewhere in here clearer (pointing to the whiteboard)						
Yeah! It was more clear.						
What was it about the sessions or about the things you were talking about, or the way in which it was kinda done in this space that made it clearer or more vivid?	DOVE	3	23.39			
...pause... I dunno, it was just like really positive and like ----- ah the word! I dunno... yeah it was positive, it was like motivating, I actually, I was like, "ah I could						

actually like you know...do something with this I guess".						
And I guess, do you think there was anything that stood out in particular that helped it to be positive or motivating? Like...um...----- but, in the sense of overall hopefulness do you think there was anything in particular in the sessions that stood out? Like the language used, or... something that was happening here (gesturing to the client) in the relationship between us, or it could be the whiteboard or you know what I mean there's many things that I guess could promote it being positive or motivating, any ideas what things added to that?	DOVE	3	24.17			
I mean yeah, I mean argh----- the whiteboards more of a connector between like us two I guess						
Mmm hmmm						
I dunno like... you're, you're actually like, you know, it seems like you wanna be here (matter of fact) ---- you know, it's kind of nice to have someone actually listen I guess						
Yup, yup,						
It's just somebody else being there, and so you're not by yourself I guess, but like, you are, like I dunno. CONTINUES...						
You know, that connection you might have with someone, is that a contributing factor for you for hope, or not so much?	DOVE	3	26.01			
Pause....I mean I guess it depends on where your hope lies, I guess. I dunno for me it doesn't specifically have to be... I more like, try to be independent so for me..						
...so for you it's actually ah, ah something that is organic from within yourself, as opposed to relying on someone else to get the hope...						

<p>...I think I struggle more with like... I'm gonna say like intimate hopefulness, you know like relationships, I dunno I like I get unmotivated by that, which is probably really bad and, but um yeah I dunno I'm it sounds kinda sad, but I'm more motivated and hopeful about like, like drama and stuff than I am about my relationships with other people- well like specific relationships like my boyfriend or something you know. Like, with like my family you know, I'm like hopeful and like we do have hope in our relationship I guess it's just relationships that don't like- It's not even like they don't mean as much to me it's, it's not as organic for me I guess..."</p>						
<p>"so your inner drive, is what helped you to drive yourself, as opposed to needing someone else to encourage you to do it.</p> <p>Yeah</p>	DOVE	3	27.3			
<p>"...things that you think would be useful for me to know... for research?</p> <p>"Just that it's like, it's different for everyone----- and that it shows in different ways, I guess</p>	DOVE	3	29.06			
<p>How else do you think it could look for others?</p> <p>Um... I dunno, it just depends where it lies and like, it's relationships, hope within relationships ----- the motivations are different, therefore they're creating a different.... I dunno, and also places where people find hope, some people might find hope through like, art and like music, I dunno, you know.... It's where you see it I guess</p>	DOVE	3	30.14			
<p>"what would you hope to get out of counselling do you think?"</p> <p>"I dunno, just more reassurance in myself I guess"</p> <p>..."What does reassurance mean for you? Cos it can mean different things for different people"</p>	DOVE	1	9.14			

"Well at the moment for me it's like ah, knowing that I'm making the right decisions for like my future..."						
--	--	--	--	--	--	--